

The Modern Hospital

MAY 1957

Lesson of the Dallas Tornado: It Pays to Plan
Special Report: Hospital Liability for Negligence
Statistical Study Aids Medical Record Use
Beginning a New Series on Hospital Purchasing
Planning More Efficiency in the Nurses' Station
Nurses Evaluate Suture Handling Methods

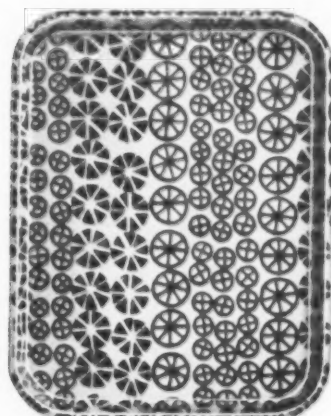


REMODELED NURSES' STATION, ST. LUKE'S HOSPITAL, CLEVELAND (Page 70)

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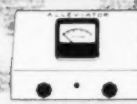
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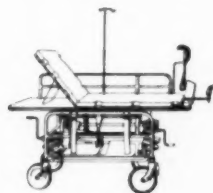
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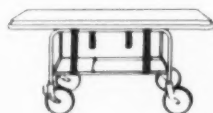
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The Modern Hospital

MAY

1957

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VOLUME 88, NO. 5

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AMONG THE AUTHORS

The question of the liability of a hospital for the acts of its doctors, nurses and other professional personnel and for its nonprofessional employees is an important, and often confusing, one. **Lee O. Garber** and **Marshall J. Tyree** undertook extensive legal research on the subject, including study of 1000 cases involving hospitals in every state. Their special report, "Hospital Liability for Negligence Causing Injury to Patients and Others," begins on page 83 of this issue. Tables showing trends in current liability decisions affecting hospitals in every state appear on pages 96 and 156. Dr. Garber studied law at the Bloomington Law School, Bloomington, Ill., and received his doctor's degree from the University of Chicago. He is editor of the "Yearbook of School Law" and teaches at the University of Pennsylvania. Dr. Tyree was educated at Cheyney State Teachers College and the University of Pennsylvania, where he received his doctorate. Subject of his doctoral thesis was "Child Welfare and the Law."



Lee O. Garber



Marshall J. Tyree

On page 65, **Edythe L. Alexander** discusses how a group of operating room nurses and surgeons evaluated a new method of packaging sutures. The author of "Operating Room Technique," now in its third revision, and a director of three operating room films for the surgical products division of American Cyanamid Co., Miss Alexander recently has been associate editor of the *American Journal of Nursing*. She has served as operating room supervisor at New York Hospital, New York; Mountainside Hospital, Montclair, N.J., and Roosevelt Hospital, New York. She also has been director of nursing service at Roosevelt Hospital.



Edythe L. Alexander

Successful purchasing brings the right material to the right place at the right time and at the right price. **Lawrence Brett** and **Alfred E. Schlef** explain why and how on page 72. The authors are, respectively, superintendent and purchasing agent at Bethesda Hospital, Cincinnati. Mr. Brett has been administrator of several North Carolina and Ohio hospitals. He is a past president of the Cincinnati Hospital Council. Mr. Schlef is a member of the National Association of Purchasing Agents and chairman of the Cincinnati Hospital Council purchasing committee.



Lawrence Brett



Alfred E. Schlef

The difficulty in computing the average per patient cost of food without a common denominator of food measurement was recognized by **Charles M. Tipton**, whose article appears on page 120. A cost accountant, Mr. Tipton held various industrial and governmental accounting jobs, including work for the Office of Price Administration and the War Assets Administration. After his retirement in 1952, he and his wife opened a home in Maryland for elderly people, and from this experience came his study of food costs and nutrition for nursing home residents. Before his report was completed, Mr. Tipton died at the age of 70. The article was completed by his son.

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ROVING REPORTER

They Get Those Records Done

The problem of getting medical records completed need not be a problem if there is active interest on the part of the medical staff, and an imaginative record room personnel.

Recognizing the recurrent nature of this problem, our medical staff several years ago adopted as part of its staff rules and regulations the following:

Paragraph 23: "If a staff member has five incomplete records, the record librarian shall send such staff member a 48 hour notice to complete his records. Upon failure to do so the doctor will automatically be suspended from the Utah Valley Hospital Medical Staff for one week and until his records are completed.

"If any less than five records are

incomplete and are not completed within two weeks, the record librarian shall also send him a 48 hour notice and he shall be suspended for noncompliance. Illness or absence may be considered a justifiable excuse."

The secret of the effectiveness of this rule is its "automatic" suspension. It does not require a medical staff recommendation to the board of trustees that a member be suspended. The procedure is automatic and so understood by each staff member. The suspension period is not just until the records are completed, but is for one week *and* until the records are completed. There is thus a minimum suspension of one week and possibly more if the records are further neglected. During the past several years the suspension has only been invoked three or four times.

As a matter of practical working out, the unfinished records are checked each Thursday and a card mailed that evening giving the doctor until Tuesday of the following week. If by Tuesday the records are not completed the automatic suspension goes into effect by a letter sent to the offending doctor, signed by the chairman of the record committee, and the secretary of the board of trustees.

As their contribution to avoid penalties being invoked, record room employees post a reminder each Wednesday in the doctors' cloakroom where every doctor must see it as he enters the building. These notices are usually in rhyme, with cartoon illustrations.—
JOHN H. ZENGER, administrator, *Utah Valley Hospital, Provo, Utah.*

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A blood donor at Lowell General Hospital, Lowell, Mass., goes home with something tangible in the way of appreciation. It's a beautifully engraved identification card enclosed in a plastic envelope the size and shape of a convention delegate's badge, but minus the safety pin.

The face of the card bears the hospital's shield and the words "Blood Bank." There is space for the donor's name, his blood group, the Rh factor, the date, and the pathologist's signature.

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Paul J. Spencer
Director

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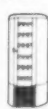
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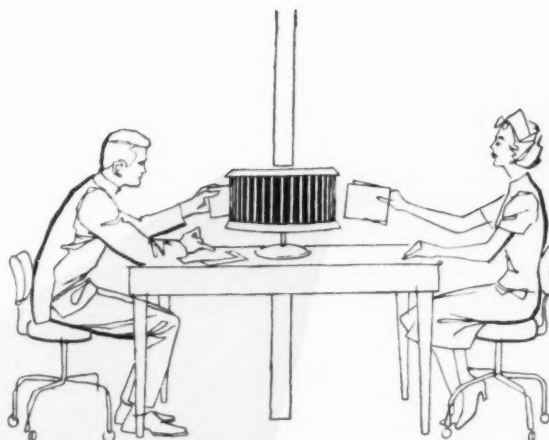
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READER OPINION

Economics of Insulation

Sirs:

In your September 1956 issue is a paper by Charles E. Daniel and myself, "The Cost of Heating Is Going Up in Smoke," concerning a tragically impractical mechanical plant where \$200,000 was wasted in overdesign, and we suggested what could be done to improve things.

In the January issue a letter from

Summary of Steam Requirements for a 100 Bed Hospital

Use	Maximum Horse-power	Steam Pressure	Hours per Day at Varying Loads
General heating system.....	68	2	24
Special heating, operating and delivery rooms.....	2	2	6
Domestic hot water supply.....	10	2	16
Laundry:			
Hot water.....	15	2	7
Steam.....	11	100	7
Kitchen and dishwashing.....	6	2-20	6
Sterilizing.....	10	40	5
	122		

O. M. Schneider of Schmidt, Garden & Erickson, architects and engineers, reviews this paper, concurring in most

of our recommendations but dissenting from the two most valuable to hospital economy—the flexible boiler plant and adequate insulation. Mr. Schneider "thinks a better solution" lies in the traditional two boilers, each large enough to carry the maximum load.

What does a hospital really need? Uninterrupted heat for about six months in the year and high pressure steam the year round for laundry, kitchen, sterilizing, and so on, in varying amounts at varying pressures for various periods in the 24 hours. On Saturdays, Sundays and holidays, and for many hours every night, little or no high pressure steam is needed. Approximately 60 per cent of the total boiler load is for winter heat and 40 per cent for year-round high pressure steam. Let's look at the table above.

This table outlines the varying demands for a hospital's 100 h.p. boiler. Probably the most wasteful traditional practice in hospital design is the installation of two maximum capacity boilers, one of which operates all summer long at from 10 to 30 per cent of its rated capacity. The waste is obvious. A modern high pressure boiler operates at highest efficiency with an overload, and the lower the load below rated capacity the more extravagant it is to run.

The flexible three-boiler plant which we have used for 25 years substantially remedies this extravagance. For 100 h.p. maximum we install an inexpensive 70 h.p. low pressure steel hot water boiler and two 40 h.p., 125 lb. high pressure boilers. In the event of a breakdown of the heating boiler, the two high pressure units at 125 per cent of rated capacity, using a hot water converter for the heating system, can carry the entire load. This saves 50 boiler h.p. in the initial installation as compared to two 100 h.p. units. It saves some \$8000 in the initial cost, but most significant it ensures operating economies in the high pressure zone throughout the years.

(Continued on Page 10)



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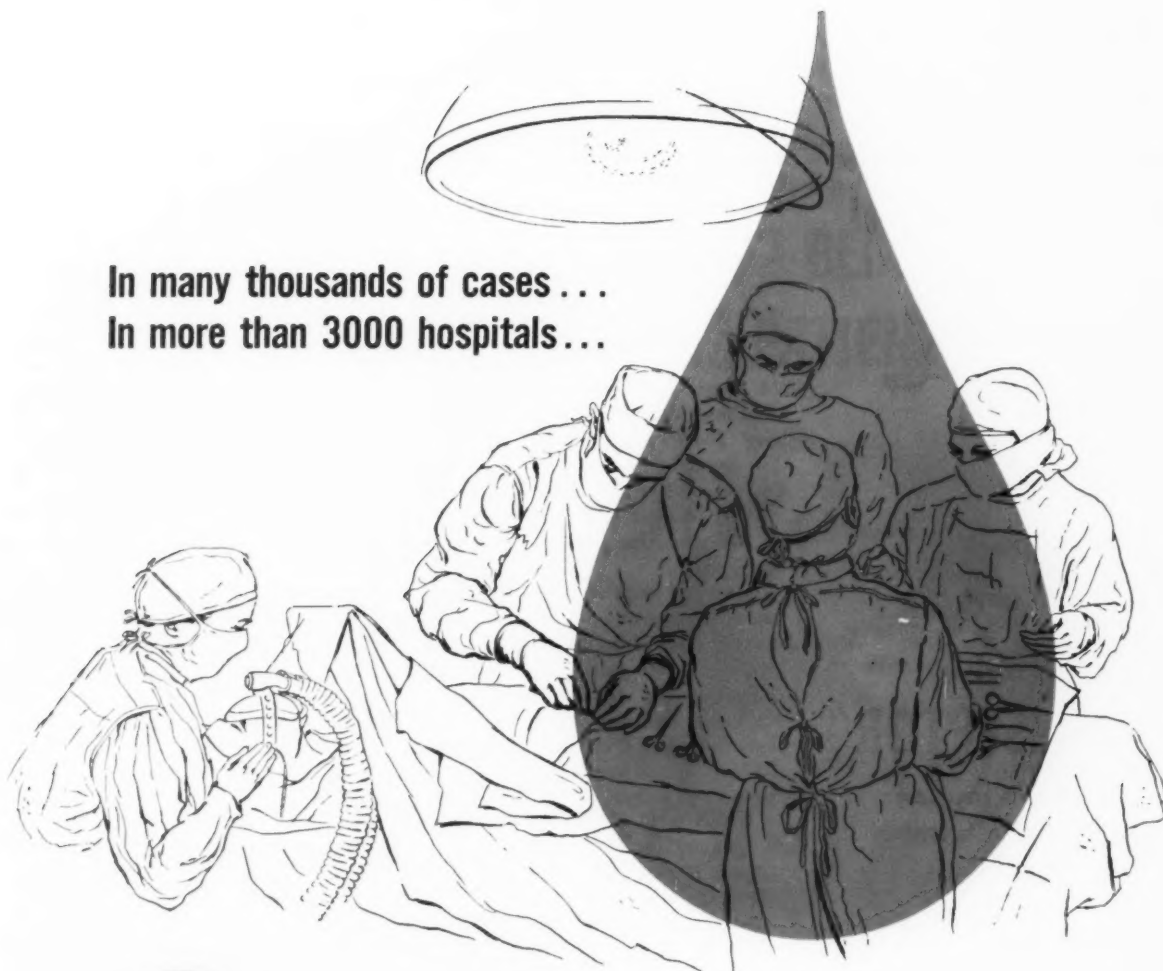
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Insulation has been used in our hospitals for more than 30 years. While this costs more, the savings which a conservative engineer can make in his heating plant can substantially offset the costs. The heating fuel is cut in half for the life of the building. The largest heating contractor in New York currently uses a basis for budget estimating the cost of a hospital heating plant at \$10 to \$12 a square foot of radiation to cover complete installation. Thus in a typical 12 by 15 convertible room in an insulated building, 24 square feet of radiation has sufficed instead of 48 feet without insulation; \$240 will pay for a lot of heat loss protection.

The comfort gain is important. Insulated hospitals average 8° F. cooler in summer than uninsulated wings adjoining.

Most architects seemingly disregard the economics of insulation. They are more interested in the outside of the walls than the inside. In a dramatic metal curtain wall skyscraper if the architect had used 2 inch insulating bats instead of 1 inch at an additional cost of 25¢ a square foot he would have cut the heat loss factor by one-third to a U factor of 0.085. Mr. Schneider "does not feel that the savings in cost of radiation would justify the added expense." He has only to investigate. I would refer him to the following: U.S. Public Health "Recommendations for Hospitals"—Mechanical Section of 1948; "Functional Engineering," October 1950, The MODERN HOSPITAL; "Stop Burning Up the Hospital's Money," March 1950, The MODERN HOSPITAL, and "The Simple Arithmetic of Insulation," November 1946, The MODERN HOSPITAL.

Charles F. Neergaard
Hospital Consultant, Retired
New York City

Praise for Mr. Cohn

Sirs:

I read with much interest the articles on homes for the aged in the January issue of The MODERN HOSPITAL. I am at a loss to understand by what rule the jury picked the prize winning plans for homes for the aged and chronically ill. It looks to me as if it was a race to see just how much could be put into a building, how much money could be spent on nonessentials. What matters is not how fine a building we build, but how practical, and what goes on in a building after it is

built. I agree with Mr. Cohn that most of our aged citizens would feel out of place in such homes as were selected.

We of the Evangelical Lutheran Good Samaritan Society, an organization dedicated to caring for the aged and chronically ill, have built the first portion of a building that has all the necessary facilities for making the sunset years pleasant and carefree for those who come within its walls to spend their last years or days in a Christian atmosphere where their wants are supplied and their every care is provided for, and at a cost of about \$3500 per bed.

Herbert G. Lindquist
Jackson Good Samaritan Sunset Home
Jackson, Minn.

Standards Article Unfair

Sirs:

The February article in regard to laboratory workers highlighted the "penny pinching" administrators as one of the causes of the shortage of capable personnel. If this charge is justified, it also applies to maids, porters, clerical workers, general mechanics, kitchen helpers and the like. It applies to professional nurses whose starting salary is sometimes not sufficiently high to influence high school students to forego some years of earnings for training, as opposed to entering commercial fields.

The error of singling out one particular group of personnel without reference to the rest of the staff is obvious. Even to a person not versed in principles of good management, this is grossly unfair.

With salaries constituting 60 to 70 per cent of the total operating cost, the "penny pinching" aspects take on a different light. The other side of the penny shows hospital rates along with the long-term solvency of Blue Cross plans and continued adequate insurance coverage of the lower income groups.

This is not solely an administrator's problem, but a community problem of the willingness and of the ability to pay for hospitalization.

It is unfortunate that the writer could not have made his valid point in regard to salaries and then related it to the type of broad thinking in Ray Brown's article on "The Nature of Hospital Costs."

Louis Drexler
Administrator
Charles Choate Memorial Hospital
Woburn, Mass.

at Rhode Island Hospital...

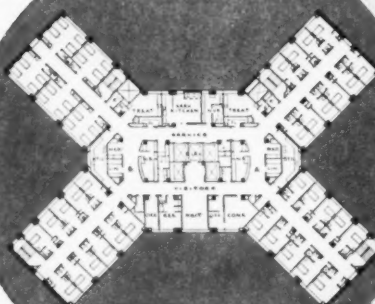
10 PEOPLE DELIVER COMPLETED TRAYS TO 452 BEDS ON 7 PATIENT FLOORS



A.



B.



The new main building of the Rhode Island Hospital has been designed around a central core from which radiate four separate wings. Careful design has resulted in a system requiring only 10 employees to carry trays to all seven patient floors.

The basis of the system is assembly-line food production and vertical transportation accomplished by means of a series of conveyors and trayveyors. So well designed is the system that distribution is accomplished with little heat loss. Thus, hot foods are served hot and cold foods served cold.

The kitchen itself is a stainless steel installation with flow designed to efficiently carry food from preparation to cooking areas, thence to the conveyor belt assembly table. Trays are loaded assembly-line style and move directly into the vertical trayveyors and upstairs to the patients.

For full information regarding the use of Blickman equipment for your needs, write to S. Blickman, Inc., 1505 Gregory Avenue, Weehawken, New Jersey.

A. Exterior of the new Rhode Island Hospital Main Building, Providence, R. I.

B. Typical floor plan in the 452-bed hospital.

C. Belt line service to patients. All foods are delivered directly to this belt for make-up and delivery through trayveyor. Cold foods are stored in cooled units under counter until needed. Trays are stored in mobile Lowerators at beginning of belt. Heated dish Lowerators are stored in fixed position on top of counter.



Look for this symbol of quality...

BLICKMAN FOOD SERVICE EQUIPMENT



**Yes,
I've tried
the others
but
I have
come back
to
DIACKS**

Smith & Underwood

Chemists

ROYAL OAK, MICH.

*Sole manufacturers of Diack Controls
and Inform Controls*

SINCE 1909

TIME-TRIED
Diack Controls

Public Relations

Public Relations Technics Are Like Clothes—They Wear Out

By **GORDON DAVIS**

LIKE even the best of clothing, public relations technics wear out. When they are threadbare, there is neither joy nor dignity in them.

For the fact is, the obsolescence rate in public relations is sometimes downright appalling. Just when you think you've got your audience entranced, you find it deserting to the dice game in the cloakroom.

That is, you discover the desertion if you take the trouble to check. In public relations the audience is largely invisible. It is far from uncommon to encounter a booming public relations program addressed to an almost empty hall.

Some time ago *Fortune* magazine took cognizance of this anomaly in a series of articles. By asking the question, "Is Anybody Listening?" the articles provoked a stimulating professional controversy among advertising men, but their general point was well made.

How do you make sure that "they"—the people to whom you are addressing your message—are really listening? One means is by using audience surveys. Another is by recognizing the necessity of progressive changes in methods.

Consider, for instance, the industrial change artists known variously as "methods engineers" or "efficiency experts" or "time and motion specialists." These changelings are often satirized as a first-class nuisance.

True enough, they decline to permit production to settle into a comfortable routine. For reasons sometimes obscure they "shift things around," and too much change can become tiresome.

But such malcontents are nonetheless the true architects of tomorrow. Willingness to discard the obsolescent, regardless of whether or not it is worn out, is one of the most obvious yet profound secrets of American progress. The businessmen, the industrialists, even the farmers of other nations, cannot understand why Americans often are willing to junk processes and machines before the original paint is even well worn. Economy to them is conservation of the old, whereas in much of America it is substitution of the more efficient.

It is said that some industries automatically reexamine any production line procedure that has remained unchanged for two or three years. If a given process has not been improved during a two-year period, it is at least worth checking to determine why not.

In public relations new methods and the willingness to progress are as important as they are in any other field. As elsewhere, change in public relations must be the result of study; it must promise improvement rather than mere newness, if it is to be justifiable.

If your public relations program is basically static, if it does not consistently employ studied change of pace, be skeptical of the attentiveness of your audience. There is profit in borrowing from the industrial precept by asking bluntly: Have your public relations methods changed recently, and if not, why not?



Gordon Davis

Patient confidence begins here



Pleasant surroundings . . . capable nursing . . . and gentle suction by the silent GOMCO Thermotic Drainage Pump. These are ingredients of patient confidence and recovery, and she carries away the good reports of expert treatment.

The nurse, too, has confidence. She simply adjusts the suction to high or low and lets the unit do the rest. She knows by long experience that this gentle, on-off suction will continue indefinitely without variation.

You get equally fine results with all the other GOMCO suction and suction-ether units, treatment units, aspirators and tidal irrigators. *Your* reputation requires the best. Have your dealer demonstrate GOMCO to you soon!



Performing gastric lavage with Gomco Thermotic Drainage Unit #765. Also available with Aerovent Overflow Protection #765A.

GOMCO SURGICAL MANUFACTURING CORP.
824-H E. Ferry Street, Buffalo 11, N. Y.

NOW TROY has the answer

because you can choose
just the size you need

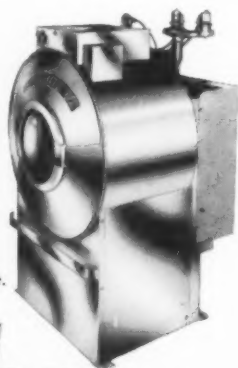
No need to compromise on size with Laundrite. This wide range of sizes is just one reason you get more efficiency from your washer investment. Laundrites wash faster, reverse faster, too, — give you more production per dollar. For supplementing smaller washers and larger units, too, — for processing fugitives and tinting, — Laundrites are the answer. In addition, they're naturals for family bundles, and special jobs like shag rugs and bedspreads. For general information or data on a specific model, check and mail coupon today.



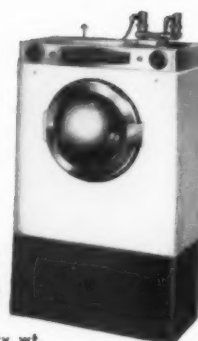
LAUNDRITE **40**
Capacity 40-45 lbs. dry wt.



LAUNDRITE **85**
Capacity up to 90 lbs. dry wt.



LAUNDRITE **60**
Capacity up to 65 lbs. dry wt.



LAUNDRITE **25**
Capacity 25 lbs. dry wt.
(Stainless steel model available)

NEW! "Trend Setters" folder illustrates, describes full line of LAUNDRITE washers, tells how owners are using them to increase laundry efficiency.



TROY

LAUNDRY MACHINERY

Division of
American Machine and Metals, Inc.
EAST MOLINE, ILLINOIS

"World's oldest builders of power laundry equipment"

MAIL COUPON TODAY!---

TROY LAUNDRY MACHINERY, Dept. MH-557
Division of American Machine and Metals, Inc.
East Moline, Illinois

Please send literature on the Laundrite

☐ Complete Line ☐ 25-pound Washer ☐ 40-pound Washer
☐ 60-pound Washer ☐ 85-pound Washer

FIRM

NAME

ADDRESS

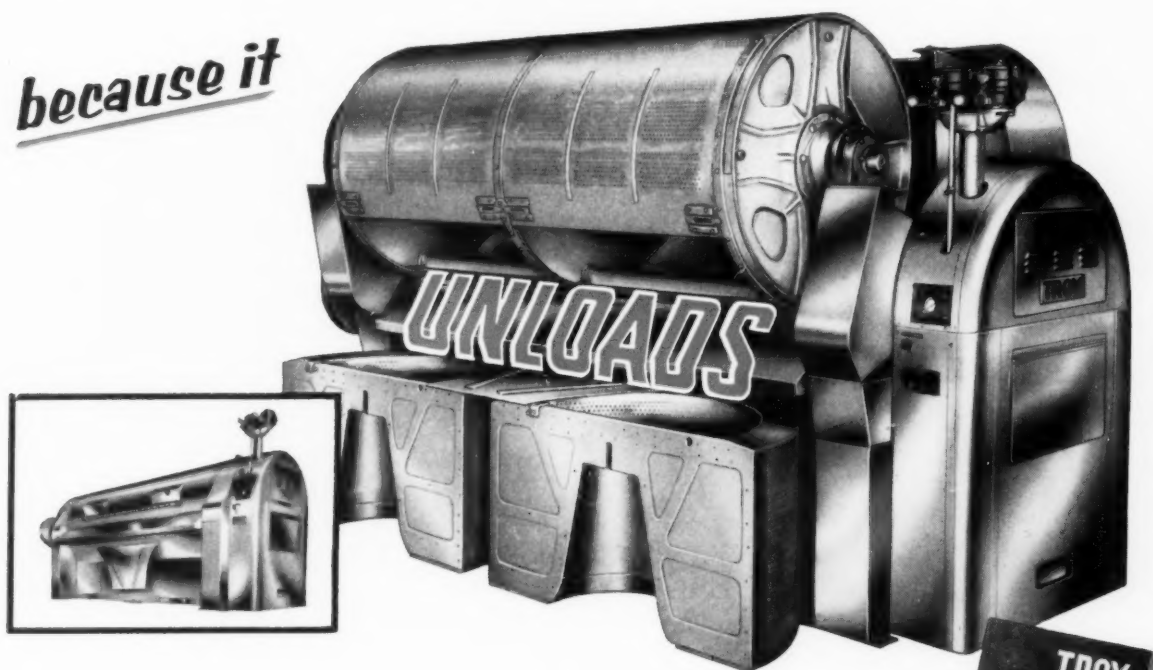
CITY

ZONE STATE

ATTENTION MR.

to every washing need . . .

because it



Here's unloading at its best — fast because it's simple. The Troy unloading shelf, (which is standard at no extra charge) guides work directly into the extractor baskets, so no accessory apron devices are needed in this operation.

It's simple to operate, too — and fully protected by electrical interlocks for complete safety. Long service life is assured through such features as the stainless steel

plate front, sturdy rear X-brace and an ingenious new take-up feature on the quiet, efficient chain drive.

Like Troy washers with fixed or removable "Slide-Out" shelves, Troy unloading washers are available with or without automatic controls. Sizes include: 42" x 54", 42" x 84" and 42" x 96" — proof again that the only name you need to know in washers is TROY!



NEW! Bulletin gives valuable information on construction, features, dimensions and specifications.

Troy

LAUNDRY MACHINERY

Division of
American Machine and Metals, Inc.
EAST MOLINE, ILLINOIS

"World's oldest builders of power laundry equipment"

MAIL COUPON TODAY!

TROY LAUNDRY MACHINERY, Dept. MH-557
Division of American Machine and Metals, Inc.
East Moline, Illinois

Without obligation, please send bulletin YW-42-57 describing TROY Unloading Washers.

COMPANY _____

ADDRESS _____

CITY _____

ZONE _____

STATE _____

ATTENTION MR. _____

CUBES, CRUSHED, FLAKES OR CHIPS...

which
ice machine
will serve you best?



- * Get just the ice you need! Choose one of Carrier's 15 ice machines, for cubes, crushed, flakes or chips.
- * Get Certified Capacity, given you only by Carrier—no vague promises of ice production "up to" so many pounds a day!

Whatever your ice needs, Carrier meets them—with the most complete line of ice machines on the market. Available in gray, white or stainless.

You get that ice in a known, guaranteed amount...certified in writing. And this ice production is established under realistic conditions of water and air temperatures, not under artificially controlled laboratory conditions.

Your Carrier dealer will show you, with facts and figures, how you will save a good 80% on ice bills. You'll see why a Carrier ice machine is a profitable investment.

Your Carrier dealer is listed in your Classified Telephone Directory under "Ice Making Equipment." Or write Carrier Corporation, Syracuse, New York.

Carrier air conditioning • refrigeration

There's a
Presco Identification Bracelet
 for every need!



Announcing
Presco's new "Double Ceremony" for mother and baby*

One for mother's wrist . . . and one for baby's wrist! Strap is 10½ inches long—so there's also enough strap for a baby's ankle (or both wrists) as recommended by the American Hospital Association. Made of soft, pliable, non-toxic plastic, Presco bracelet-anklets conform comfortably to patients' wrists—without impairing circulation.

Double Ceremony Bracelet-Anklets are adjustable—with beautiful rosette fasteners and straps

in pink, blue and white. Easy finger-tip pressure on rosette locks bracelet on wrist.

Double Ceremony Kit: 72 complete mother-baby sets (144 name plates and 72 straps—36 pink and 36 blue or 72 white)—

Refill: 144 name plates and 72 straps—36 pink, 36 blue, or 72 white—

SPECIAL PRICES
NEW LOW PRICES
20% DISCOUNT ON ALL
PRESKO BRACELETS \$600

ADJUSTABLE system*

Bracelet-Anklets for babies only—same quality as above.



SNAP-ON system*

Where speed is essential, the Snap-On baby bracelet is ideal. It's pre-assembled and ready for application. In three sizes—small, medium, and large.



Snap-On Bracelets and Adjustable Bracelet-Anklet Kits—available in pink and blue straps—144 complete—72 pink, 72 blue—

Refill Kit—144 bracelets—

A lovely keepsake for the mother

\$5975

\$4320

Presco ADULT SYSTEM*

This never-failing, safe-and-sure "double check" simplifies hospital procedures and eliminates mistakes involving:

- Surgery cases
- Blood transfusion cases
- Intravenous therapy cases
- Unconscious patients
- Delirious patients
- Foreign language patients
- Emergency cases
- Multiple-bed rooms

This simple routine procedure takes only seconds—and it assures patients and hospital personnel of absolute identification.

Presco Adult Kit: 144 complete bracelets (pink, blue, white, or mixed)—

Refill—

\$5975

\$4320



*Pats. Applied for

The Presco sliding scale of prices includes all combinations of adult and infant bracelets.
Presco Identification Systems meet all requirements recommended by the A. H. A.

For Free Samples,

Presco Company, Inc.

Hendersonville, N. C.

Order from any one of these distributors

AMERICAN HOSPITAL SUPPLY CORPORATION
 2020 Ridge Avenue, Evanston, Illinois
 WILL ROSS, INC.
 4285 N. Port Washington Rd., Milwaukee 12, Wis.

A. S. ALOE COMPANY
 1831 Olive Street, St. Louis 3, Missouri
 MEINECKE & COMPANY, INC.
 225 Varick St., New York 14, New York

NEW

SHUR-LOK institutional system*

For older children, the mentally infirm, and institutional patients.

An invaluable asset for accurate treatment and records involving children and the mentally infirm—or for any situation requiring an identification that positively cannot be weakened, stretched or broken. *A Shur-Lok Bracelet must be cut off.*

All parts are made from a tough low-pressure polyethylene—as new as tomorrow. It's soft, comfortable, pliable—and may be autoclaved. The rosette is extra large for easier handling. Here indeed is a welcome simplification of duties for nurses, attendants, and physicians.

Shur-Lok Kit: 144 complete bracelets—white only— **\$5975**

Plus Shur-Lok Applicator— **\$10.00**

Refill—(No Applicator furnished) **\$4320**

*Pat. Applied for

Applied in seconds
—the only Presco
System requiring
an Applicator.



—Press rosette in
Applicator—it will
stay in place.



—Lock one end
of name plate
to bracelet.



—Lock bracelet
around patient's
wrist.

**SPECIAL NEW LOW PRICES
20% DISCOUNT ON ALL PRESCO
BRACELETS**

A must for your Disaster Program—

disposable

BASSINETS

Help Reduce Cross-Infection—Ideal for sick babies and healthy babies—The solution to overcrowded nurseries

- You're never "short" of bassinets
- No scrub-up—no disinfecting
- No liners—no re-use
- Fits most bassinet stands
- Parents love to take them home



Strong, rigid, water resisting Flute-wood stock. One-piece construction—can be assembled in one minute.

Decorated in either pink or blue characters with GUARDIAN ANGEL imprinted at head.

East of Rockies West of Rockies

In lots of 18 to 72.....	\$1.75 each.....	\$1.83
In lots of 90 to 216.....	\$1.55 each.....	\$1.63
In lots of 234 to 504.....	\$1.45 each.....	\$1.53
In lots of 522 to 1008.....	\$1.35 each.....	\$1.43
In lots of 1026 and over.....	\$1.20 each.....	\$1.28

Packed 18 pink or 18 blue to a carton (wt. 30 lbs. per carton)

Presco feather-lite SCREENS

are the easiest-to-handle
and the safest!

- So "feather-lite" that you can easily lift it with one hand. 4½ lbs.
- Self-locking hinges lock panels into correct position. Perfect balance and floor-skids make screen virtually tip-proof.
- Folds to 3-inch thickness for compact storage.
- Handsome vinyl panels present a fresh, modern appearance. Snap-out rods mean easy removal for cleaning. Aluminum is anodized for lifetime satin finish. Also available with handsome gold finish (\$5 extra).
- Your choice of 3 or 4 section styles. Panels in pastel blue, rose, green, white or circus motif for nurseries.

3-Section Regular Model **\$34.50**

4-Section Regular Model **\$44.50**

½ in. tubular frames

3-Section Deluxe Model **\$44.50**

4-Section Deluxe Model **\$54.50**

¾ in. tubular frames

Presco Company, Inc.

Hendersonville, N. C.

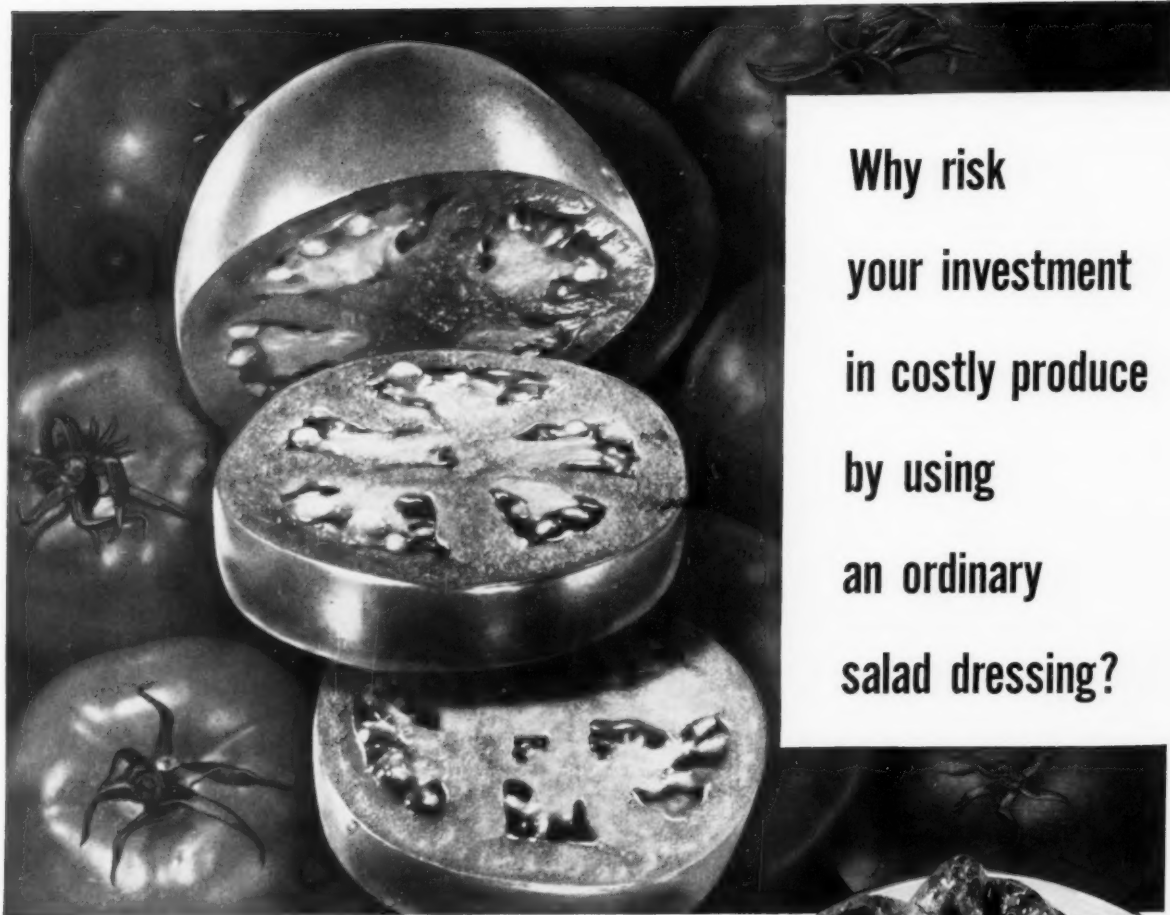
A. S. ALOE COMPANY
1831 Olive Street, St. Louis 3, Missouri

AMERICAN HOSPITAL SUPPLY CORP.
2020 Ridge Avenue, Evanston, Illinois

MEINECKE & COMPANY, INC.
225 Varick Street, New York 14, New York

WILL ROSS, INC.
4285 N. Port Washington Rd., Milwaukee
12, Wisconsin

Order from any one of these Distributors



Why risk
your investment
in costly produce
by using
an ordinary
salad dressing?

For only 1/10¢ more per serving
you can use top quality

Miracle Whip

You use choice tomatoes in your salads so why risk spoiling the salad and customer dissatisfaction by using just any salad dressing. For only 1/10¢ more per serving you can dress your salads with Miracle Whip . . . the nation's finest!

Here's what you get when you use Miracle Whip—

- For only 1/10¢ more—you get a dressing that's creamy-thick, rich and

full-bodied . . . that won't water off or break down in use!

- For only 1/10¢ more—you get a dressing that keeps salads fresh all day long . . . with no discoloration!

- For only 1/10¢ more—you get a dressing that your customers themselves use 20 to 1 over other brands!

**Kraft Foods Company
500 Peshtigo Court, Chicago 90, Ill.**



**The Nation's Taste
is Your Best Buying Guide**

Every bottle "kitchen clean"



How our "automated housewife" protects the quality of 7-Up

Your 7-Up bottling plant rivals today's modern kitchen in cleanliness. The mechanical marvel shown here, for example, washes 360 bottles a minute in solutions that leave each one chemically and bacteriologically clean.

No dish at home ever received better treatment. That's one reason why you can drink safely right from the 7-Up bottle . . . and another reason why every sip of 7-Up is uniformly delicious, refreshing,

wholesome. Yes, cleanliness pays.

Such conscientious control extends through every phase of 7-Up production. Bottles are filled and capped by immaculate stainless steel machines immediately after their thorough washing. At every step of the way we've established sanitary safeguards that protect the quality of 7-Up.

Seven-Up . . . the pure, wholesome "All-Family Drink".



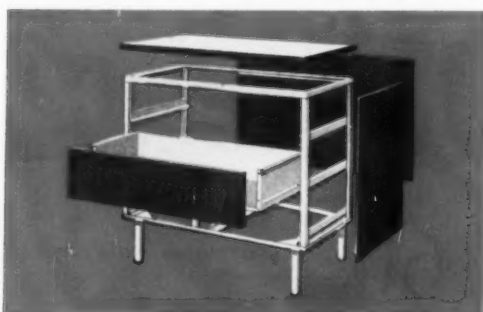
Nothing does it like Seven-Up!



SIR LAUNCELOT LAUDS A LEADER!

Beauty of Wood . . . Strength of Steel! Here's the new Model 60 *Royal-Hall Bed* with the durability, function, warmth, and charm that typify new *WOODRIDGE* . . . by *Royal* hospital furniture.

Here, too, you see new *Royal* Model 2980 Universal



Dealers and Showrooms Coast to Coast

Safety Sides that have no rods to bend, no attachment to bed-ends—there's nothing to stick or bind. Pivoted arms, when elevated to vertical, hold and lock the raised sides.

New *WOODRIDGE* . . . by *Royal* leads today's trend toward pleasing, work-speeding efficiency. Made with "skyscraper" steel inner-frame and individually removable wood panels, simplified maintenance preserves like-new appearance virtually indefinitely.

A request on your hospital letterhead will bring you complete information promptly.



ROYAL METAL MANUFACTURING COMPANY

1 Park Avenue, New York 16, N.Y., Dept. 8-F

In Canada: Royal Metal Manufacturing Co. Limited, Galt, Ontario



"Enemol makes giving enemas an easier chore"

It used to be that preparing and giving those routine enemas topped my list of "Most Unpleasant Nursing Chores."

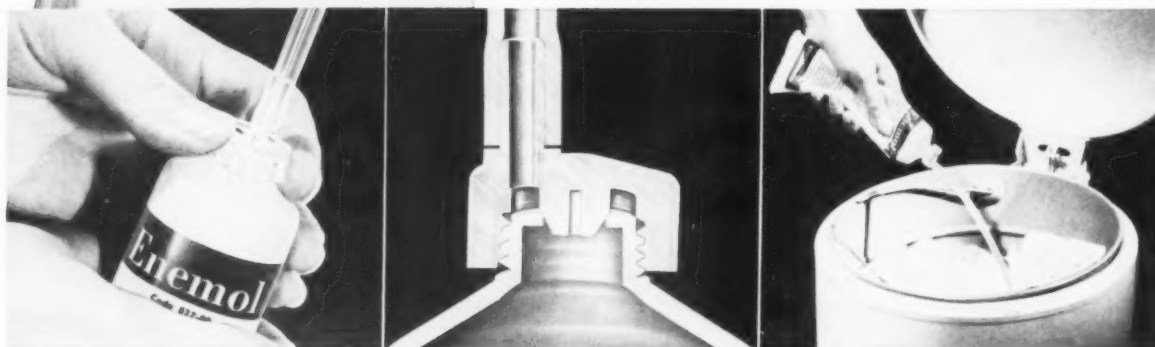
But, with Enemol — it's so much easier and faster that I don't mind it nearly as much.

The thing I like best about Enemol® is that there's no equipment to assemble or solutions to mix. Better yet, there's no messy equipment to clean up afterwards because you just throw the used container away. That means as much as 20 minutes saved — to spend doing something else.

Enemol is the only disposable enema I know of, with a shut-off valve you can easily open and close with a simple twist. You can even clear air from the tube before inserting. The tube, with its soft round top, is just stiff and long enough (6 inches) to insert easily without hurting the patient.

Having an enema is never pleasant, but Enemol makes it a lot less uncomfortable for the patient to take. That's because there are only 4½ ounces of fluid instead of the usual quart.

And for routine enemas, this time-proven phosphate solution really does a better job than soap suds.



Enemol disposable Enema Unit

- Saves nursing time
- Reduces expense
- Increases patient comfort

*TM

Packed in easy-to-handle cases of 24; 4½ oz. units.



60 fine pharmaceuticals for 60 years



CUTTER Laboratories
BERKELEY, CALIFORNIA

The MODERN HOSPITAL

TEN-EIGHTY SURGICAL OPERATING TABLE

The unexcelled versatility of the American ten-eighty surgical operating table is measurably increased by new and specialized accessories which facilitate the complete range of modern operative procedures.

**AMERICAN
STERILIZER**

Erie • Pennsylvania

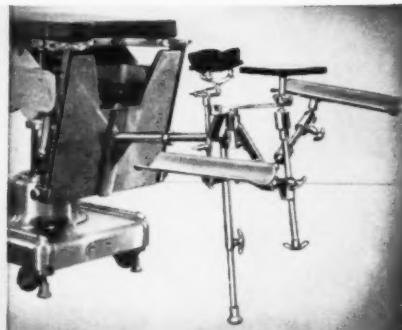


Narrow Table Attachment for infant surgery and head and neck surgery permits surgeon ideal proximity to operative site.

Your copy of Accessory
Brochure C-183 is available upon request.



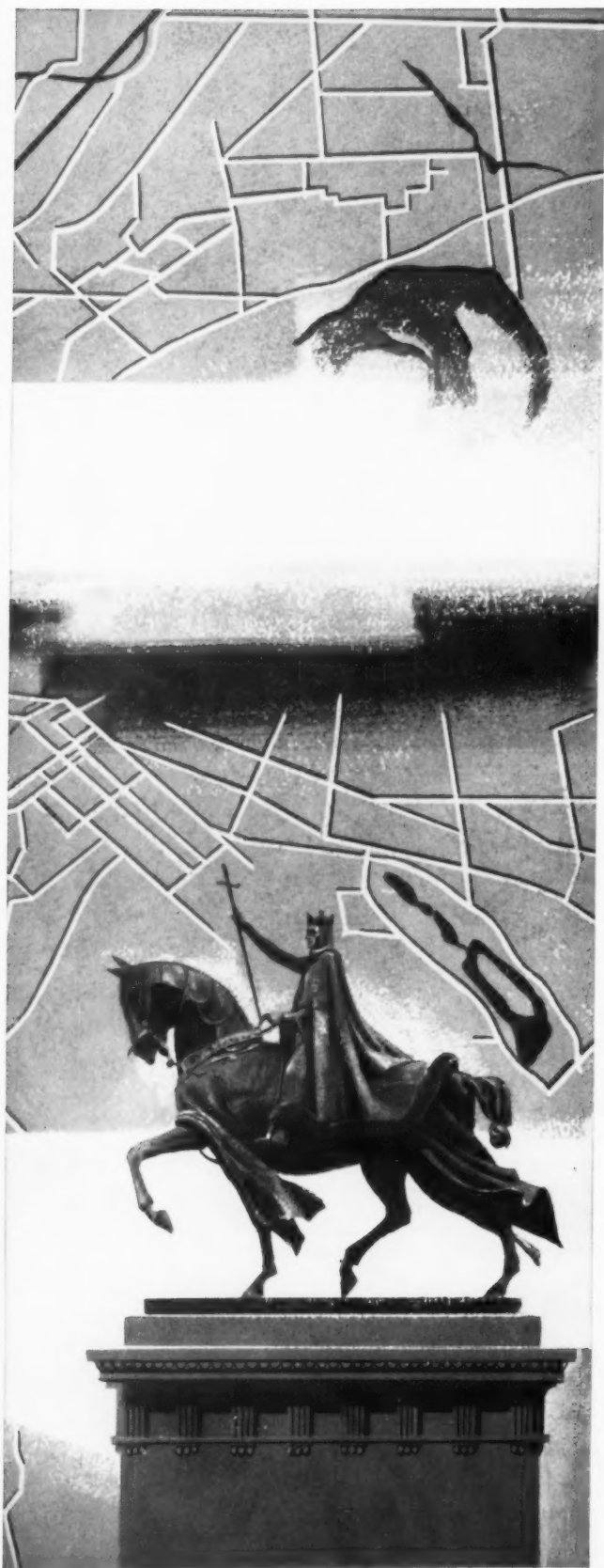
Illustrating use of Arm Support, Headrest and Restraint Strap appropriate for a neurosurgical procedure in the upright position.



Thoracic Frame for prone positioning provides unobstructed access to the operative site, minimum shock to patient and progressive posturing during procedure.



The MODERN HOSPITAL



**Every major hospital
in St. Louis uses**

GAS
the ideal fuel

Dieticians, food supervisors, and hospital administrators in the St. Louis area—as well as everywhere in the U.S.A.—have learned about the advantages of gas through years of experience in volume food preparation. You, too, can get the same results when you use Modern Gas Equipment.

Your Gas Company Commercial Specialist and Your Kitchen Equipment Déaler will be glad to help you plan the most efficient kitchen for any baking or cooking task you may have. Investigate the outstanding results and economies you can get with Gas and Modern Gas Equipment. *American Gas Association.*

GAS

IS ECONOMICAL IN OPERATION

PERFORMS EVERY COOKING AND BAKING
OPERATION QUICKLY TO PERFECTION

IS EASY TO USE, ECONOMICAL TO USE

What's the best way to....



CUT LABOR COST OF MAINTENANCE BY AS MUCH AS 50%



MAINTAIN SANITARY CONDITIONS IN CORRIDORS?



KEEP CONDUCTIVE FLOORS...CONDUCTIVE?



There is a man who knows the answer to these questions, and any others you may have regarding your hospital sanitation and maintenance program. He's your Huntington Representative.

The Man Behind the Drum!

Write for his name, today.
He's at your service, without cost.

HUNTINGTON  LABORATORIES
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Win Praise with PRATT & LAMBERT *Convenience*

Patients, visitors and staff will appreciate and compliment you upon your good taste and sound judgment when you use Pratt & Lambert *New Lyt-all Flowing Flat* for walls and ceilings. This superb alkyd flat enamel is noteworthy for its smoothness, beauty, ease of application, rapid drying, absence of odor and for its scrubability.

It is ready for use in a wide range of job-tested, carefully controlled, factory mixed colors. Additional tints and shades are easily produced by simple intermixing or by addition of pre-measured, precision colorants. *New Lyt-all Flowing Flat* works easily, has excellent hiding, uniform luster.

All colors have been selected for decorative perfection. Each has been carefully balanced in hue, value and chroma, scientifically calibrated to assure absolute harmony in an almost limitless range of eye-appealing combinations.

Rooms, corridors, public areas can be refreshed and restored to use in minimum time and with least bother, interruption or inconvenience. To enjoy these advantages, specify Pratt & Lambert *New Lyt-all Flowing Flat*.

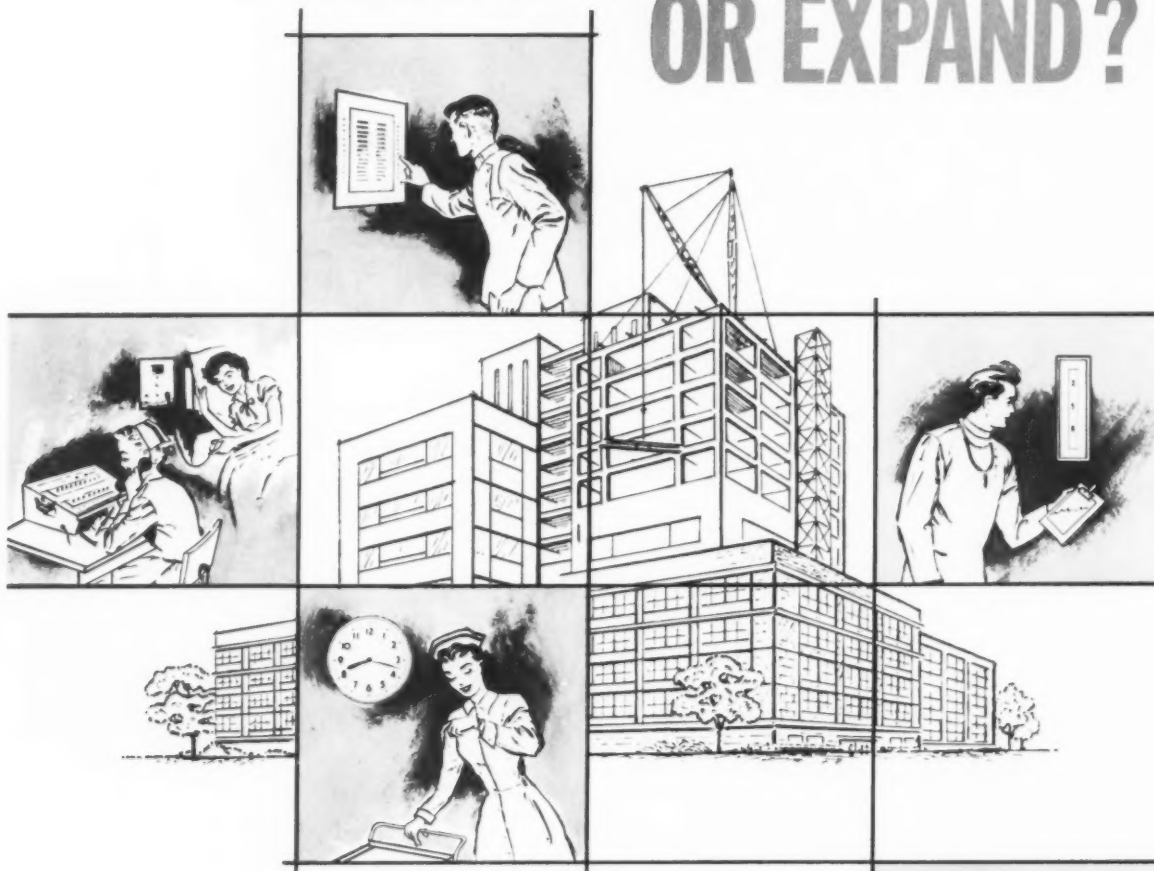
For free color charts or for practical suggestions by a trained representative, please write to Pratt & Lambert-Inc., 75 Tonawanda St., Buffalo 7, N. Y. In Canada: 254 Courtwright St., Fort Erie, Ont.



PRATT & LAMBERT-INC.

PLANNING TO

MODERNIZE OR EXPAND?



If you are, you can save time, trouble and money by seeing your local Edwards Technical Specialist now. He's an expert who knows all there is to know about hospital signaling. He'll be happy to show you how simple it is to expand or improve your existing signaling equipment to provide you with the most modern system at minimum cost.

The Edwards Technical Specialist can show you a complete line of in-and-out registers, call systems, paging systems, clock systems, fire alarms . . . all designed to combine perfectly with your present equipment to give you the most modern systems with the least possible expense. A prime example is the visual nurses call system. In most cases the existent system can be converted to the newest, most efficient audio-visual system simply and inexpensively.

When you select Edwards to help you solve your expansion signaling problems, you receive the benefits of more than 80 years of specialization in the design, development, and manufacture of fine signaling equipment.

For expert assistance in determining the signaling needs of your modernization or expansion program, consult your Edwards Technical Specialist (they are in 53 key Canadian and U. S. cities) or write Dept. MH-5, Edwards Company, Inc., Norwalk, Conn. (In Canada: Edwards of Canada, Ltd., Owen Sound, Ontario.)

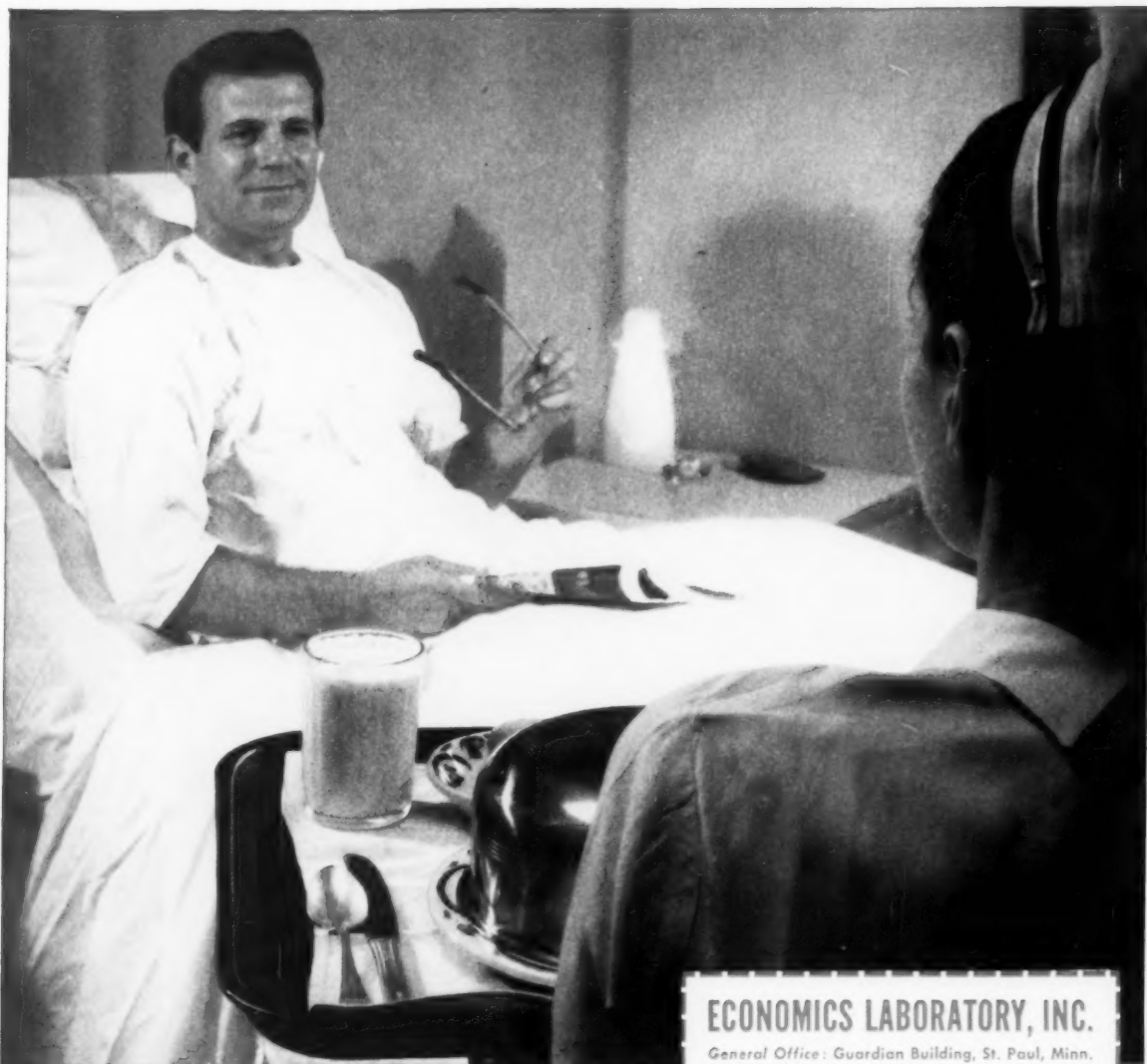
specialists in signaling since 1872

EDWARDS

DESIGN • DEVELOPMENT • MANUFACTURE

The MODERN HOSPITAL

How to cut per-patient cost with every meal you serve



Dishes dried "automatically" with E.L. DRYMASTER eliminate all hand toweling, bring per-patient meal costs down overnight.

Dishwashing costs—compound, manhours, breakage and towel expense—may make the difference between break-even and loss on a per-patient-meal basis. That's why an E.L. DRYMASTER on your dishmachine is both wise management and sound hospital practice.

DRYMASTER ends all toweling of tableware by injecting "Rinse Dry" into the final rinse of your dishmachine. "Rinse Dry" makes rinse water slip off in sheets rather than stand in droplets. Results: bone-dry tableware right from the machine. No toweling. No water spotting. No wasted manpower. Less handling and breakage. And less chance of contamination from soiled towels.

Installed free, DRYMASTER fits any size, make or model dish-machine, uses no electricity, needs no adjusting. And one 8 oz. bottle of "Rinse Dry" usually lasts all day. For the whole story, just mail the coupon. Or call your nearby SOILAX Sales Representative (in the "yellow pages" under cleaning compounds).

ECONOMICS LABORATORY, INC.

General Office: Guardian Building, St. Paul, Minn.



Exec. Sales and Advtg. Offices:
250 Park Ave., New York 17, N. Y.

☐ Have representative call

☐ Send complete information on DRYMASTER

Name

Title

Hospital

Street Address

City

State

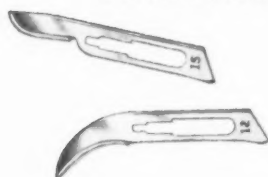


THEY HAVE TO BE

SHARP

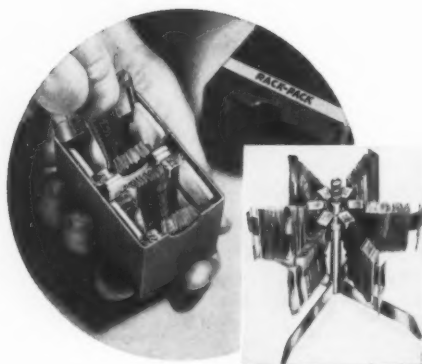
...TO GET TO SURGERY

BARD-PARKER RIB-BACK



DETACHABLE SURGICAL BLADES

must 'survive' a rigid series of progressive scientific tests to qualify as suitable for surgical use. Those that 'pass' are surgically perfect and uniformly sharp throughout their entire cutting edge. They will remain sharp and useful for longer periods . . . an important factor in economy when yearly volume of purchases is considered.



Specify RACK-PACK® packages in ordering gross and half gross quantities . . . eliminating unwrapping—handling—racking of individual blades. A time and labor saver for the O.R. personnel.

It's Sharp

Ask your dealer

BARD-PARKER COMPANY, INC.
Danbury Connecticut, U.S.A.

HERE'S HOW TO SEAT YOUR NURSES TRAINING CLASS ECONOMICALLY

Any available room may be quickly, easily converted to a nurses training classroom by using CLARIN *Folding Tablet Arm Chairs* for seating and desk requirements. This unique, patented chair is actually a chair and a desk in one. The tablet arm is scientifically positioned for perfect writing height. The arm folds down alongside when not in use so that the chair may be used for any regular seating purpose. After class period is over, the chairs may be easily arranged for other functions or quickly stored. Only a minimum storage space is needed as the chair folds completely to a thickness of just three inches.

Write for full information and name of nearest distributor.

CLARIN MANUFACTURING CO.

Dept. 49 • 4640 W. Harrison Street, Chicago 44, Illinois



CLARIN

FOLDING TABLET ARM CHAIRS



OPENS WITH A FLICK— FOLDS FLAT IN THREE EASY STEPS

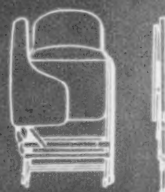
1. Tablet arm lifts to right, making it easy to get in or out of chair.



2. Tablet arm swings down permitting use as regular chair.



3. Chair folds in normal way and tablet arm swings over flat against seat. Folds to 3" thick.



QUALITY IS THE ONLY TRUE ECONOMY... AND



QUALITY SETS NEW STANDARDS FOR SEATING



the ever-open door

America's hospitals can take just pride in their excellent record of helping guard the Nation's health. Night or day, good weather or bad, year in and year out, our hospitals stand always ready to save a life or minister aid with the finest of facilities.

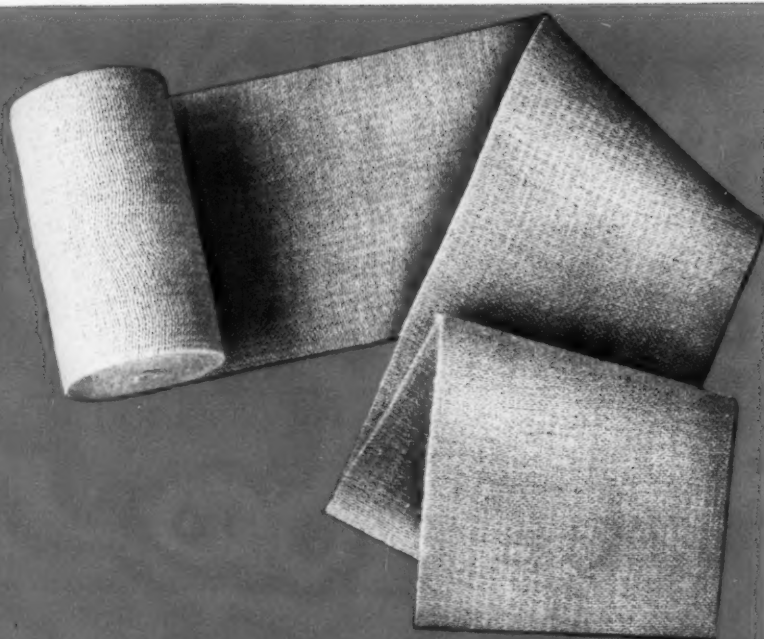
Behind the ever-open hospital doors are skilled teams of nurses, medical technicians, housekeepers, workmen, volunteers, and many others. These members of the hospital team, together with the medical staff, are all dedicated to providing the ill or the injured person with the best possible health care.

In behalf of the insurance companies which now provide health insurance protection to more than 60 million persons in the United States, the Health Insurance Council takes great pleasure in saluting America's hospitals and all members of the hospital team during National Hospital Week.

The HEALTH INSURANCE COUNCIL

The Health Insurance Council serves the hospital and medical fields as a central source for information and assistance in connection with health insurance written by insurance companies.

for you... we have a new booklet entitled SIMPLIFIED CLAIM FORMS. Address your request to Health Insurance Council, 60 John Street, New York City.



balanced weave... means

better support

Precisely proportioned rubber and cotton provide uniform stretch and body to give even support throughout the affected area.

longer wear

Stands up under repeated stretchings without loss of elasticity—can be washed over and over without impairing efficacy or appearance.

greater savings

Cuts costs by lasting longer. Priced to meet "economy budgets," savings increase with quantities purchased.

HOSPITAL ACE®

RUBBER-ELASTIC BANDAGE

now individually wrapped in cellophane for greater protection and cleanliness.



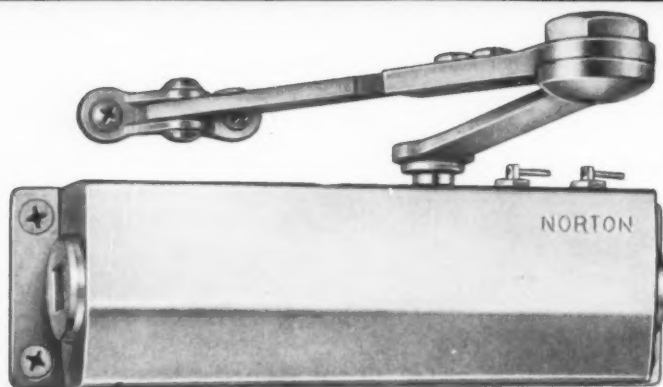
BECTON, DICKINSON AND COMPANY
RUTHERFORD, N. J.

B-D AND ACE, T.M. REG. U.S. PAT. OFF.

37004



Announcing 2 More "Firsts" for NORTON DOOR CLOSERS!

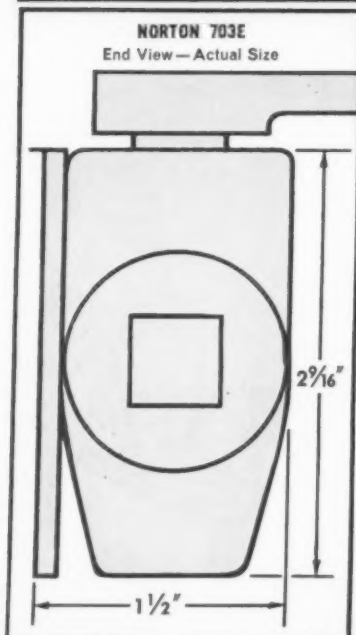
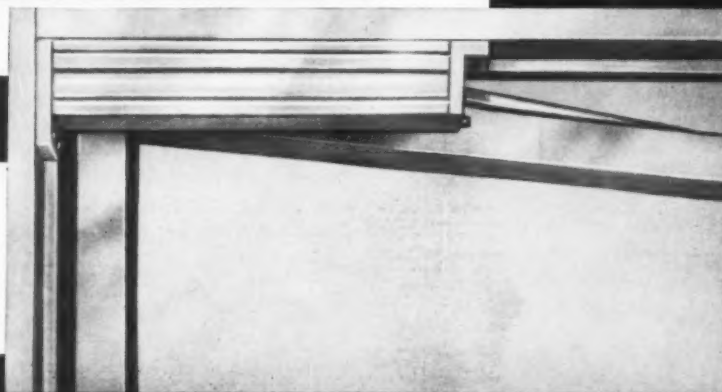


Norton 703E

Surface-mounted type...
First door closer ever made
with extruded aluminum
alloy shell.

Norton 750

Revolutionary corner de-
sign with concealed arms
and extruded aluminum
alloy shell.



Ultra-Modern in clean-lined functional design...Traditional in ruggedness of construction...full rack and pinion dependability of operation.

After years of research to perfect suitable alloys and designs, Norton now offers the very first door closers which are not cast iron...not die cast or sand cast but *extruded from tough aluminum alloy* of such density that leakage through the shell is eliminated.


Utilizing this advance are two brand new Norton models specifically designed to complement the structural simplicity of modern doors...engineered to serve indefinitely with the efficiency, low maintenance and durability typical of all Norton Door Closers.

NORTON 703E: Surface mounted type, can be used on either side of door...only 1 1/2" projection...can be finished to match hardware...up to 180° opening, trim permitting.

NORTON 750: Corner type of unique design for outside doors...arms completely concealed when door is closed...blends unobtrusively with latest aluminum frame doors.

But, not all advantages of these newest Norton Closers can be listed here. Write today for new data sheets just off the press giving full description and specifications.

NORTON® DOOR CLOSERS
Dept. MH-57 • Berrien Springs, Michigan

A black and white photograph of two men in business attire. The man on the left is younger, with dark hair, wearing a white shirt and a dark tie. The man on the right is older, with glasses, wearing a white shirt and a light-colored tie. They are both looking down at a document on a table, with the younger man's hand on the paper.

**The best laundry equipment purchases
begin with a plan**

You can expect more from . . .

American
THE AMERICAN LAUNDRY MACHINERY COMPANY



American's Planning Service adds value to every dollar you invest in laundry equipment

A plan means a place for every piece of equipment.

A plan is a *living thing*, which takes into consideration the passage of time and your continuing growth. It is a *right now thing*, since new equipment must begin paying for itself immediately. It is a *far seeing thing*, making sure that new equipment can be smoothly integrated with future improvements.

American's Planning Service begins with your present, studies your past, and maps out your future. It consists of helpful suggestions based upon the experience of American's Man from the Factory. Carefully detailed drawings, worked out by an engineering team whose business is efficiency. Making the best use of your present equipment, thoughtful selection of new equipment whose basic design is drawn from over 89 years of experience.

A plan that works, that contributes to your success, that is most practical and economical for you, is another way you can expect more from American.

You can expect more from . . .

American



The American Laundry Machinery Company, Cincinnati 12, Ohio



This close-up of a 9" x 9" tile is typical of the beautiful, even marbling found only in Kentile Vinyl Asbestos Tile.

sturdy KENTILE® Vinyl Asbestos Tile is your best answer!

Durable vinyl! Tough asbestos fibers! They combine in Kentile Vinyl Asbestos Tile to give you the perfect flooring for hospital corridors, wards, and waiting rooms. The smooth, non-porous surface is greaseproof, marproof; withstands drugs and oils. Kentile Vinyl Asbestos Tile (KenFlex®) gives you lower maintenance costs because

minimum care keeps it clean and it is exceptionally long wearing. It's a better buy—even if the initial cost is slightly more than asphalt tile. And it can be installed over concrete in contact with the earth. Want more information? See your local Kentile flooring contractor, listed under FLOORS in your classified phone book.

KENTILE FLOORS

BROOKLYN 15, N. Y.

AVAILABLE IN • VINYL ASBESTOS • SOLID VINYL • CUSHION BACK VINYL • CORK • RUBBER AND ASPHALT TILE... OVER 150 DECORATOR COLORS

The one they all want



When people go out to eat good food, they expect and like to see Heinz Ketchup on the table. The familiar Heinz label says: "Only the best is served here." No other ketchup does this for you. And no other ketchup does so much for your food. Yet Heinz Ketchup costs you only 20¢ for every \$100 worth of food you serve. So put the Heinz Ketchup bottle to work for you. Put it on the table right with the salt and pepper.

is the one to serve



Heinz  Ketchup

You know it's good because it's Heinz

Standard of all Comparison



HERRICK STAINLESS STEEL* REFRIGERATORS

INSULATION: Semi-rigid Fiberglas 2 1/2 lb. density, 3" thick in walls, 3 5/8" thick in doors, protected with 3-ply vapor barrier paper sealed with asphalt compound.

DOORS: Heavy duty construction. Exterior edges rounded on 1/2" radius. Grease resistant extruded neoprene gasket door seal. Door liners are sanitary one-piece construction.

BREAKER STRIPS: Door openings lined with odorless, polished Bakelite breaker strips, 1/8" thick, edges rounded.

COILS: Oversize cooling surface area. Air drawn in by fan and discharged out the bottom through integral louvered drip pan for a minimum temperature difference from top to bottom. Coil housing is aluminum.

CONDENSING UNIT: Accessible, hermetic, heavy-duty type. Proper balance with cooling coil for 12° T.D. between coil and inside cabinet temperatures. Trouble-free performance in busy, hot kitchens.

FINISH: Exterior front and ends stainless steel No. 4 finish. Remote models available with white porcelain and self-contained models with white baked enamel exterior. Interior lined with stainless steel 20 ga. No. 4 finish. Also with white porcelain interior.

CONSTRUCTION: All corners on front vertical and top front and ends rounded 1 1/2" radius. Interior corners rounded 1/2" radius.

LIGHTS: Interior lamps on vertical mullions controlled automatically by door switches.

HARDWARE: Heavy cast brass chrome plated. Surface type hinges, 6 1/2" strap ball-bearing type. Latches automatic. Adjustable strike and padlock eye.

SHELF SUPPORTS AND STANDARDS: Polished stainless steel. 1/2" adjustments in ht.

SHELVES: Heavy 3/8" frame round wire construction with cross-wires. No. 10 gauge. Electro-welded, bright zinc with baked lacquer finish. Also available in stainless steel round wire construction.

TRAY SLIDES: (Available in place of shelves). Angle type in 16-ga. stainless steel, welded to vertical support angles and removable in sections for cleaning.



COMPRESSOR COMPARTMENT: Removable access panel with maximum ventilation openings for efficient cooling. Large compartment for greater air circulation and lower ambient temperature.

DRAIN: Depressed gutter with cast brass cleanable drain trap.

*Also available with white enamel finish

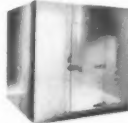
Choose from HERRICK'S complete line of REFRIGERATORS • FREEZERS • WALK-IN COOLERS



MODEL TSS66



MODEL SS40FP



MODEL 88BS

HERRICK REFRIGERATOR COMPANY • Waterloo, Iowa
Dept. M, Commercial Refrigeration Division

— Typical Installations — HERRICK Refrigerators are Performance Proved at:

Milwaukee Hospital
Milwaukee, Wisconsin
Hurley Hospital
Flint, Michigan
New Schumpert Hospital
Shreveport, Louisiana
Allen Memorial Hospital
Waterloo, Iowa
Mercy Hospital
Laredo, Texas
Grady Memorial Hospital
Atlanta, Georgia
Toledo Hospital
Toledo, Ohio



Section of all-stainless kitchen in St. Vincent's Hospital, Toledo, Ohio. Fabricated and installed by Southern Equipment Company, St. Louis, Mo.

STAINLESS helps St. Vincent's prepare 75,000 meals per month...

This is an unusual view of the kitchen of St. Vincent's Hospital, Toledo, Ohio. It's generally a busy, bustling place, where 95 employees prepare some 75,000 meals each month.

Obviously, it's vital that only the most efficient, time-saving equipment be used. That's why the kitchen is all-stainless. For only stainless wears so well, cleans so quickly, guards the purity and flavor

of foods so thoroughly.

In fact, all through the modern hospital, stainless is the most *efficient*, the most *practical* metal there is. For more details on how stainless can boost output and lower costs, see your nearby Crucible representative.

Crucible Steel Company of America, The Oliver Building, Mellon Square, Pittsburgh 22, Pa.

CRUCIBLE

first name in special purpose steels

Crucible Steel Company of America

Canadian Distributor—Railway & Power Engineering Corp., Ltd.



The MODERN HOSPITAL

Save steps for busy nurses with Honeywell Bedside Temperature Control

Provide better therapy . . . more comfort for your patients



FREE your nurses from many of the time-consuming tasks of opening and closing windows, carrying blankets and refilling hot water bottles. Demands on valuable nursing time can be lessened when patients can make their own room temperature adjustments with a *Honeywell Bedside Temperature Control*.

With the "bedside" installation of the new Honeywell Round mounted for finger-tip adjustment, the patient can control room temperature as easily as reaching for a call button. In two-bed rooms the Honeywell Round can be

mounted between the beds for easy access.

In addition, Bedside Temperature Control provides a saving in fuel costs by eliminating heating waste. It allows physicians and surgeons to "prescribe" exact room temperatures to help speed patient recovery.

Specify Honeywell Bedside Temperature Control for your new hospital or addition. Also available for your existing bedrooms at costs as low as \$87.50 per room*. No tearing out of walls or redecorating is necessary. For more information, call your local Honeywell office now. Or, write Minneapolis-Honeywell, Dept. MH-5-82, 2727 4th Avenue South, Minneapolis 8, Minnesota.

*Average installed price for room with one radiator

Honeywell



First in Controls

Love Letters ♡♡♡

The Sumatra Hospital
 1000 SUMATRA AVENUE
 JAMAICA, L.I.C. NEW YORK

March 22, 1956

Swivelier Co.
 43-34th Street
 Brooklyn 32, N.Y.

Gentlemen:

We have had an opportunity to install your lamps in our hospital and we are pleased to say that they are very satisfactory both to the patients and the staff.

ANNIE M. WARNER COUNTY HOSPITAL
 GETTYSBURG, PENNSYLVANIA

NOVEMBER 9, 1956

OFFICE OF THE ADMINISTRATOR

Mr. H. C. BRANDMAN
 SWIVELIER COMPANY, INC.
 43-34TH STREET
 BROOKLYN 32, NEW YORK

DEAR MR. BRANDMAN:

WE HAVE THIRTY-TWO (32) OF YOUR HOSPITAL LIGHTS IN OUR NEW NORTH WING, WHICH WAS RECENTLY OPENED. WE ARE VERY PLEASED WITH THEIR APPEARANCE AND THEIR FLEXIBILITY.

WE HAVE FOUND, THAT YOUR LIGHTS DO "STAY PUT AT ANY ANGLE."

I WOULD, ON THE BASIS OF OUR EXPERIENCE, UNHESITANTLY RECOMMEND YOUR LAMPS TO ANY HOSPITAL CONSIDERING THE INSTALLATION OF PATIENT LIGHTS.

VERY TRULY YOURS,
 WALTER B. DILLON
 ADMINISTRATOR

FRANKLIN SQUARE HOSPITAL
 1000 FRANKLIN SQUARE
 BROOKLYN 32, NEW YORK

November 14, 1956

Mr. S. Rosaler
 Advertising Manager
 Swivelier Company
 43-34th Street
 Brooklyn 32, New York

Dear Mr. Rosaler:

Massachusetts Memorial Hospital
 750 HARRISON AVENUE • BOSTON 18, MASSACHUSETTS

September

Mr. Ira Newman
 Swivelier Company, Inc.
 30 Irving Place
 New York 3, New York

Dear Mr. Newman:

For over a year we have been experimenting with various types of lighting fixtures for our patients' rooms. Your fixtures seem to have been designed for which we have been searching.

We are so pleased that the installation is both attractive and utilitarian. You will feel free to use them in any of our rooms.

The MODERN HOSPITAL

PIONEER

Surgical Glove Research Solves Most Allergy Problems



ROLLPRUF® Neoprene Surgical Gloves...soft textured green neoprene gloves developed especially for persons allergic to the dermatitis-causing elements sometimes found in natural rubber.



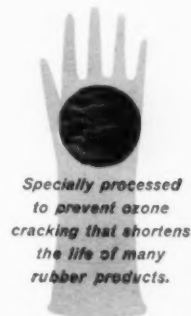
Featuring the same exclusive flat band beadless wrists that won't roll down during surgery... preferred by surgeons who specify... **ROLLPRUF® Latex Surgical Gloves.**

Both available from leading surgical supply houses.

the **PIONEER** Rubber Company

350 Tiffin Road • Willard, Ohio

Pioneers in Hand Protection for over 35 Years



Specially processed to prevent ozone cracking that shortens the life of many rubber products.

Announcing a unique new rauwolfia derivative...

First report on one of the
most encouraging advances
in psychopharmacology
since the introduction
of rauwolfia:

a tranquilizing-
antihypertensive agent
which combines the potency
of the rauwolfias with
significantly fewer and
milder side effects.

In mid-1955, Abbott Laboratories released for clinical trial a new alkaloid of *Rauwolfia canescens*. This new alkaloid, later named Harmony, received special attention because of the high potency and low toxicity it exhibited in pharmacological testing.

Since that time, Harmony has been tried in conditions ranging from mild anxiety to major mental illnesses and in hypertension. Every characteristic of the drug was studied . . . evaluated . . . compared. And from the reports, one fact stands out:

- In more than two years of clinical evaluation, Harmony has exhibited significantly fewer and milder side effects in comparative studies with reserpine. This, while demonstrating effectiveness comparable to the most potent forms of rauwolfia.
- Most significant: Harmony causes less mental and physical depression. *And there are very few reports of the lethargy seen with many other rauwolfia preparations.*

This is not to suggest, of course, that side effects will not occur with Harmony—as with any potent therapeutic agent. But the mildness of side effects, in the few instances in which they have been reported, suggests Harmony as a drug of choice in conditions ranging from mild anxiety to major mental illness and in hypertension.

Why fewer and less severe side effects?

Some investigators suggest that the evidence of less parasympathetic effect with Harmony in animals might also be true in man. In chronic toxicity studies with Harmony this was manifested by less diarrhea, “bloody tears” and ptosis in rats than was observed with the same dosage level of reserpine. Dogs also exhibited milder side effects—in particular, diarrhea. No organ toxicity or hematological change occurred over a wide dosage range.

Harmony as a tranquilizer

While Harmony's safety is most impressive, clinical investigators have reported other notable characteristics for this wide-range tranquilizer. For instance, following an eight-month study of chronic,

Harmonyl*

(Deserpidine, Abbott)

hospitalized mental patients, Ferguson¹ reported:

- Harmonyl benefited at least 15% more overactive patients than oral reserpine.
 - Harmonyl was more potent in controlling aggression, requiring only one-half to two-thirds the dosage of reserpine.
 - A number of patients experiencing side reactions during treatment with reserpine were completely relieved when changed to Harmonyl.
- Ferguson concluded: "The most notable impressions were the absence of side effects and relatively rapid onset of action with Harmonyl."

Harmonyl in hypertension

Hypertension studies show that the average reduction in blood pressure obtained with Harmonyl compares closely to that obtained with reserpine. The tranquilizing effect of the two drugs also appeared similar, except that few cases of giddiness, vertigo, sense of detached existence or disturbed sleep were seen with Harmonyl.

Dosages In mild anxiety, as little as 0.1 mg. of Harmonyl a day may be effective. In institutionalized psychiatric patients, not less than 2 to 3 mg. a day is likely to be beneficial.

In mild essential hypertension, treatment may be started with one 0.25 mg. Harmonyl tablet three or four times a day. After about ten days (or sooner, depending upon response), dosage may be reduced. A maintenance dose of 0.25 mg. daily is often sufficient.

Precautions, Contraindications As with other forms of rauwolfia, Harmonyl must be used cautiously in peptic ulcer and epilepsy and in patients about to undergo surgery or electroshock treatment. Despite the infrequency of reports involving depression, patients with a history of depressive episodes should be watched carefully.

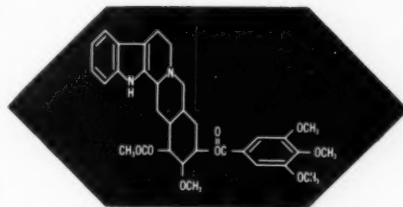
Professional literature is available upon request.

Supplied: Harmonyl is supplied in 0.1-mg., 0.25-mg. and 1-mg. tablets.

Abbott

Reference: 1. Ferguson, J. T.: Comparison of Reserpine and Harmonyl in Psychiatric Patients: A Preliminary Report, *Journal Lancet*, 76:389, December, 1956.*

*Trademark





Quaker Oats

...new way to make a better meat loaf!

Perfect ingredient—cuts shrinkage, assures juicy, flavorful meat loaf . . . every time!

Get in the habit of using Quaker Oats, either Quick or Old Fashioned as an ingredient for added eye-appeal and taste appeal in meat loaf. Oats form a base that locks in meat juices and makes your meat loaf tender and moist . . . retains the rich meaty flavor and aroma. And Quaker Oats cut shrinkage. You always serve a full-sized, attractive meat loaf. A better tasting, better looking meat loaf that's economical to prepare. Quaker Oats is ideal as a meat base in hamburger, ham loaf, and other meat dishes, too! You get tender, juicy meat dishes with a rich, nut-like flavor that always satisfies.

You should always keep Quaker Oats on hand. Quaker Oats can be used as an ingredient in many menu headliners as well as meat dishes. For complete information, send for the "Oats Ingredient Recipes", The Quaker Oats Company, Institutional Sales Department, Chicago 54, Illinois.



The Man With The Lily Plan plays the numbers!



Result: A hardy, handsome, all-inclusive place setting to answer every food service need, including economy!

Turning to the wonders of electronics helps The Man With the Lily Plan turn up novel ideas in paper service design, construction, handling. Here he studies facts and figures showing consumer preferences in kinds of foods and sizes of portions — preferences that will be part of Lily's thinking whenever a new cup, container or plate reaches the blueprint stage.

Probing and investigation of this type are standard operating procedure at Lily*. It leads to innovations like the Lily Place Setting, now meeting with great success in every industry and institutions where complete meals are served. From the perfect-fit tray cover to tiny creamer, Lily created the ideal size and shape cup, container and plate for everything from appetizer to, and through,

dessert. Lily created a mood, too, for this is a cheery, bright, matched service that enhances the appeal of food and drink.

Best of all, Lily created a workable way to serve smartly, quickly, safely — *at low cost*. This place setting ends costly scraping, washing, and storing of plates, cups, glasses, bowls.

Ends breakage and replacement costs, too! Service is swift, light! Clean-up time is cut to the bone! And many foods can be pre-prepared in slack periods.

Naturally you'll want more concrete information. We've anticipated some of your questions and have the answers plus a **FREE Sample Place Setting Kit**. Write us at Lily-Tulip Cup Corporation, Dept. MH5, 122 E. 42nd St., N. Y. 17, N. Y.



*T.M. Reg. U.S. Pat. Off.





Here's the Soap that's
TAILOR-MADE FOR HOSPITAL USE!

Made According To YOUR SPECIFICATIONS!



We asked hospitals—just like yours—what features you would suggest for the perfect toilet soap. You said you wanted a quality soap—a soap that would give abundant lather in all types of water. You also specified that it be mildly fragrant and—above all—a hard-milled soap that would last longer. And here it is—Colgate's BEAUTY WHITE! The soap made according to your specifications. Make your next order BEAUTY WHITE. Patients will appreciate it—you'll save money!

Packed unwrapped for your convenience. 1½ oz.—300 in case, 3 oz.—144 in case. Also available wrapped in ½-oz. size only—1,000 in case.

★ FINEST QUALITY SOAP ★ GIVES ABUNDANT LATHER IN ALL TYPES OF WATER ★ UTMOST IN ECONOMY
 ★ SAME BASE—SAME PLEASING FRAGRANCE—AS COLGATE'S FLOATING SOAP



And For Your Private Pavilion—Mild and Gentle Palmolive Soap in its famous green wrapper. Quick lathering, meets highest hospital standards for purity, mild and easy on the skin. Write for sizes and prices.

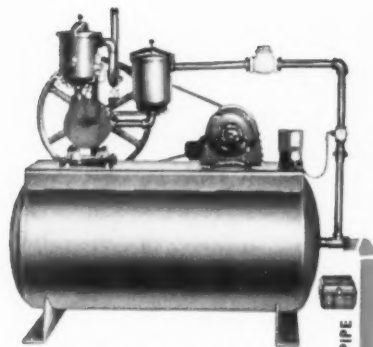
FREE! Latest Edition Handy Soap and Synthetic Detergent Buying Guide. Tells you the right product for every purpose. Ask your C.P. representative for a copy, or write to our Industrial Department.



Colgate-Palmolive Company

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 Kansas City 5, Kans. • Berkeley 10, Calif.





SUCTION PUMP Model P600E

Located in Penthouse
or Basement

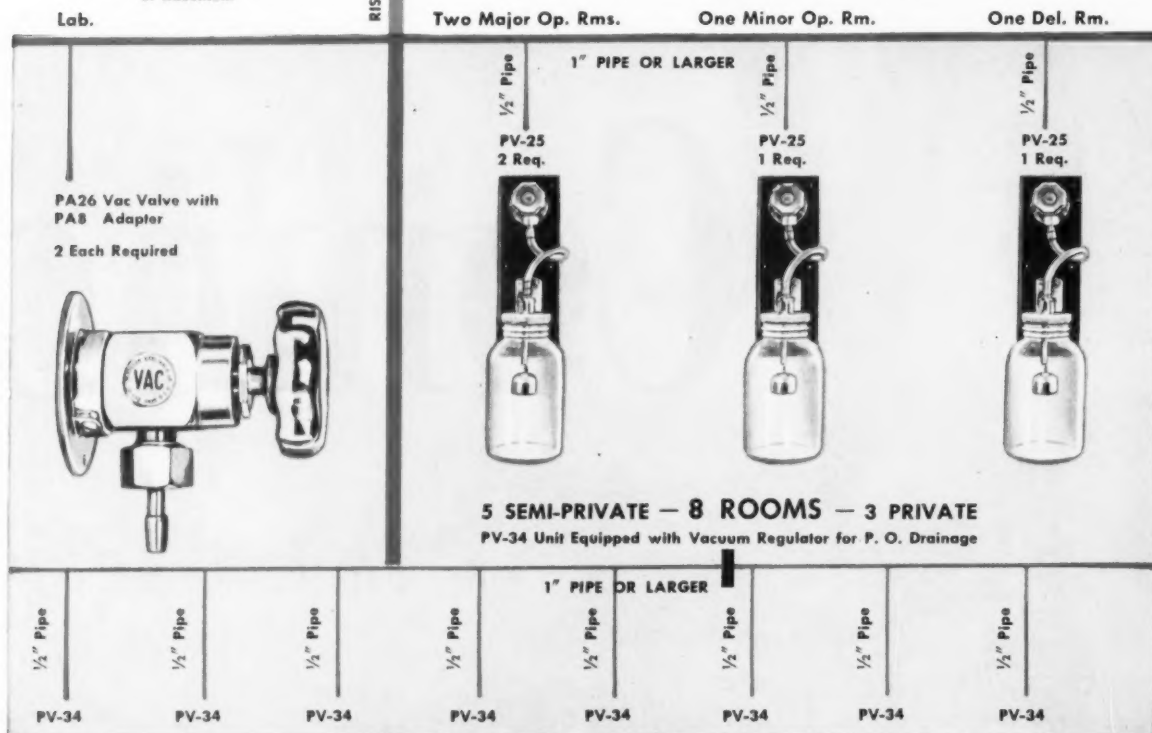
Lab.

RISES 2" PIPE

**necessary whenever
a hospital is built
or modernized—**

McKESSON BOTTLE-TRAP SUCTION SYSTEMS

FOR 100 BED HOSPITAL—consisting of Laboratory, 2 Major Operating Rooms, one Minor Operating Room, one Delivery Room, and 8 Rooms to be equipped (5 semi-private and 3 private).



If you are planning to build or modernize *any-size* Hospital, Central Suction is a present-day requirement. Let us show you blueprints and several typical Systems like the one above . . . Then, see how easy they are to install and maintain . . . Your letter *or the coupon below* will bring you our 12-page 3-color Catalog by return mail. Do this now! Central Suction should be planned well in advance!

**McKesson
APPLIANCE
COMPANY**

TOLEDO 10, OHIO

McKesson Appliance Co.
Toledo 10, Ohio

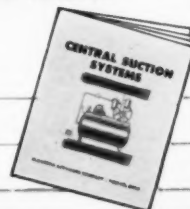
Please send your Central Suction Systems Catalog—at no cost and without obligation, of course.

**Clip Coupon
MAIL TODAY!**

(Name)

(Number—Street)

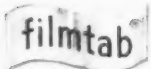
(City—Zone—State)



the higher blood levels of

Compo

in two easy-

In  COMPOCILLIN-V comes in two convenient potencies—125 mg. (200,000 units) and 250 mg. (400,000 units). Patients find *Filmtabs*[®] tasteless, odorless and easy-to-swallow.

® COMPOCILLIN-V (Filmtab—Potassium Penicillin V)
(Suspension—Hydrabamine Penicillin V)

® Filmtab—Film-sealed tablets, Abbott; pat. applied for.

700160

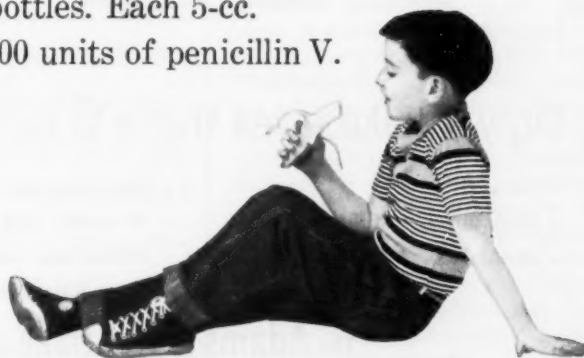
penicillin V

cillin[®]-

to-take forms

In **SUSPENSION** . . . Little patients get a delicious, banana flavor. Ready-mixed **COMPOCILLIN-V** Suspension comes in 80-cc. bottles. Each 5-cc. teaspoonful represents 300,000 units of penicillin V.

Abbott



BUILDING—Indianapolis Community Hospital, Indianapolis, Indiana

ARCHITECT—Daggett, Neagle and Daggett, Inc.

CONTRACTOR—Huber-Hunt and Nichols, Inc.

TYPE OF WINDOW—Adlake Reversible Windows



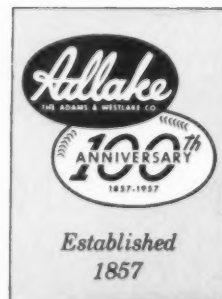
...chosen again!

Only Adlake gives these 6 basic advantages:

- No warp or rot
- Minimum air infiltration
- No painting or maintenance
- Finger tip control
- No rattle, stick or swell
- Guaranteed non-metallic weather stripping

Also, Double-Hung Windows With Patented Serrated Guides

The Adams & Westlake Company
NEW YORK ELKHART, INDIANA CHICAGO



The MODERN HOSPITAL

SMALL HOSPITAL QUESTIONS

Let Experts Raise Funds

Question: We are going to conduct a campaign for funds to help finance an addition to our building, along with some necessary remodeling and modernization, and opinion on the board and medical staff is divided on the question of employing professional fund raising counsel. What is your opinion?—F.O., Pa.

ANSWER: Campaigns conducted by reputable, professional counsel have been uniformly more successful in reaching and oversubscribing their objectives than "do it yourself" hospital campaigns have been in recent years. Before reaching a decision, we suggest your group should invite representatives of one or two of these firms to meet with the board, or a committee of the board, to explain their methods of procedure and discuss campaign costs.

Where Volunteers Fit In

Question: I am a hospital trustee and have been urging our hospital administrator to make greater use of volunteer workers throughout the hospital. She insists volunteer service must be restricted to the gift shop, book cart, and other nonessential services, with a few volunteer aides on the nursing floor. What is the practice in other hospitals?—B.H.P., Pa.

ANSWER: In addition to the activities mentioned, volunteer workers are being used successfully today in hospitals as receptionists or hostesses, messengers, dietary aides, central supply aides, housekeeping aides, and in other departments. The success of a volunteer program usually depends on the ability of the administrator or volunteer director to organize and train the volunteer corps and keep its members enthusiastic and devoted in their service.

Reuse of Plastic Tubing

Question: Is it possible or safe to use disposable plastic intravenous tubing following sterilization after initial use?—M.N., Mo.

ANSWER: Plastic materials used in intravenous injections intended to be disposable following initial use may not stand up under autoclaving or boiling at sufficiently high temperatures and for sufficiently long periods to produce safe sterilization.

Stand-By Power Capacity

Question: We are planning to install a "stand-by" power system. What load should such a system be designed to carry, compared to regular power supplied by the utilities company?—J.G., Idaho.

ANSWER: That depends. The extent of stand-by provisions varies with the frequency and duration of "outages" on the utility system. For instance, where a hospital is served by a dependable, underground network system, as in the downtown areas of most cities, only a minimum of stand-by power is required. At the other extreme, an isolated hospital served by overhead, rural lines subject to weather conditions must have stand-by capacity for a considerable part of the normal load.

Engineering authorities consider the following loads essential: surgery and delivery suites, stair lighting, partial corridor lighting, exit signs, fire alarm system, boiler plant operation, food refrigeration, partial laboratory service, incubators, and, in multistory hospitals, at least one elevator.

Rate of Infection

Question: Following a recent newspaper report indicating that in-hospital infection rates are going up owing to poor sanitation and aseptic technique, one of our board members asked how our wound infection rate for surgical patients compares to that of other hospitals. Our rate is just under 2 per cent, including all clinical infections following "clean" operations. How does this compare with the rate in other hospitals?—C.S.S., Ill.

ANSWER: A rate of less than 2 per cent for all surgical cases compares favorably with rates reported by many hospitals, although there is no such

thing as a "national average." A recent report from one medical center comprising a group of hospitals indicated the rate of infection of surgical wounds had been less than 1 per cent for several years but increased to nearly 3 per cent, probably resulting in part from the increasing numbers of antibiotic resistant strains of *Staphylococcus aureus* found in hospitals today. In this hospital, use of routine antibiotic prophylaxis has been discontinued, and antibiotics are reserved for the treatment of established infections. Some hospitals have reported infection rates as high as 5 per cent or more.

Who Gets a Discount?

Question: What groups are commonly given discounts on their hospital bills, and how much are the bills discounted?—L.R.M., Neb.

ANSWER: The practice isn't very common any more, but where discounts are given the groups most often included are employees, members of the medical staff, and clergymen in the community. Frequently where discounts are given to these groups, members of their families are also given "courtesy rates." A few hospitals provide facilities free to employees (including student nurses) and doctors, but the more common practice today is to discount any bills rendered, from 20 to 50 per cent.

Rule Against Osteopaths

Question: One of the members of our medical staff has asked that he be permitted to have an associate of his, an osteopath, assist him as anesthesiologist during an operation. Should we permit this?—P.M.C., Calif.

ANSWER: It is assumed this is not a district or county hospital, since these hospitals are not permitted to exclude osteopaths under state law. Thus hospital licensure is not at stake, but accreditation or registration would be jeopardized by permitting an osteopath use of the hospital's facilities. The medical staff member, moreover, would be violating the Principles of Medical Ethics, as recently interpreted by the Judicial Council of the American Medical Association when it reaffirmed an earlier opinion that "all voluntary professional associations with osteopaths are unethical."

Conducted by Jewell W. Thrasher,
R.N., Frazier-Ellis Hospital, Dothan,
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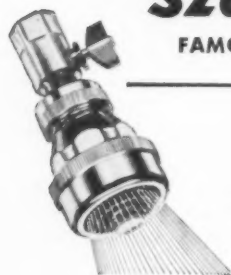
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wire from **Washington**

MEDICARE COSTS

A few weeks ago Department of Defense's Office of Dependent Medical Care gathered together and released miscellaneous statistics on the first several months' operations of the dependent medical care program. Some publications (not *The Modern Hospital*) did a bit of basic arithmetic on the statistics and came up with the information that whereas Mutual of Omaha had an average day's hospital cost of \$17, the average for Blue Cross was \$27. Naturally, the question was asked, why does Blue Cross have to charge the government about 60 per cent more than a commercial insurance company?

Defense Department now says it didn't intend to give this impression when it released the preliminary information. It merely collected what information it could lay its hands on, and made the facts public. A spokesman told *The Modern Hospital*:

"Those preliminary figures were grossly inadequate to show any continuing trend. For example, we are not sure that all of the bills had been paid. When we have had time to assemble a significant amount of information the picture may be entirely different. Those early figures should not be used to draw any definitive conclusions."

Also, it has been pointed out that the Mutual of Omaha figures and the Blue Cross figures did not cover the same period of time, and that the latter serves territories (big cities on East and West Coasts) where all living costs are higher than in other parts of the country.

Defense Department expects at some time in the future to make a complete comparison of costs. It will not draw any conclusions until then.

HEALTH BILLS LAGGING

With politics blossoming more profusely than Washington's historic cherry trees, the air is filled with words on legislation, but you have to look long and hard to find any action. At the same time, the strong political atmosphere is in itself a warning that abrupt decisions may be taken on some bills in the next few weeks, so the lawmakers can go home with something to show for their time.

In the hospital-health field, hearings have been held on a few measures, but as the weeks slip past there is less and less chance that any major laws will be passed.

Big exception might be the Administration's bill for grants to medical, dental, osteopathy and public health schools to build teaching facilities. Although Secretary Folsom didn't offer this year's version of the bill until more than three months after the session started, and then did not press it very hard, the friends of medical schools in Congress are showing more enthusiasm.

The idea is to add money to the present program for research construction grants for the next four years, with the funds to be used either for research or teaching facilities.

Currently Public Health Service has \$30 million for research construction grants, which have to be matched 50-50 by the recipients. This would be increased to \$45 million next fiscal year, and to \$50 million for the following three years. Congress then would look over the program again and decide whether to let it expire or extend it. A precedent is the Hill-Burton hospital construction program, enacted in 1947 with a five-year time limit. It is going strong 10 years later.

The greatest deterrent to the medical school bill is the economy wave that is swirling around Capitol Hill with varying intensity. Aside from the cost, there is no apparent objection to the bill; aid to medical education has been studied and restudied at so many sessions, with so many compromises worked out, that the bill could be enacted in a few weeks if the economizers were to relax.

FEDERAL EMPLOYEES

Another major issue, federal employee health insurance, was making exactly no progress. Yet, here again there might be fast action if only the Administration could get together with Blue Cross, American Hospital Association, and some of the labor unions.

Latest move in this direction was introduction by Rep. John Lesinski Jr. of a bill that has some labor support. It offers both major medical and basic coverage for employees and dependents, with the federal government paying the full cost of major medical and half the cost of basic.

The Lesinski bill, like others now before Congress, would set up a payroll deduction system, and on that it runs into Administration objections. But while the Administration doesn't like what has been introduced so far, by late April it had not yet come up with an outline of what it does want. So there is no action in sight on federal employee health insurance. The situation is not all black, however, because if a compromise could be worked out, and the economizers could be won over, a bill on this subject could be enacted without delay.

INDIAN-COMMUNITY HOSPITALS

More likely to pass is a bill to authorize use of Public Health Service money to help some communities build hospitals for Indians and non-Indians alike. Here is the problem, as outlined to the health subcommittee of the House interstate and foreign commerce committee: Many communities on or near Indian reservations need hospitals but can't afford to take advantage of Hill-Burton funds because they haven't the tax resources to raise the sponsor's share. In the same areas, Public Health Service needs small hospitals for the Indian population. If they could get together, the result would be larger and better hospitals to serve all elements in the community.

Witnesses—including several state health officers—told the committee that actual economy might result in many places because duplication would be eliminated in such necessities

as operating rooms, laboratories, cooking and heating facilities.

Public Health Service favors the general idea, but doesn't want this program to be too closely related to Hill-Burton. P.H.S. officials feel that some situations would arise where the local community would not have a high enough H-B priority to be eligible for a grant, yet where there was need for a hospital to care for Indians, a P.H.S. responsibility.

At this hearing Chairman John Bell Williams (D-Miss.) and subcommittee members were impressed with the fact that no new money would be needed to inaugurate this P.H.S.-community hospital project. There were indications that the subcommittee would act favorably on the bill.

HOSPITAL MORTGAGES

If the long-sought plan for federal guarantee of hospital mortgages is to be put into operation, it probably will have to be done administratively. Whereas in other sessions several bills on this subject were introduced, at this writing not a single one has been offered this year. However, Federal Housing Administration has not entirely abandoned the idea of guaranteeing hospital construction loans, but in any case would restrict them to nonprofit institutions.

To satisfy some religious organizations that feel they cannot accept U.S. grants without encouraging church-state ties, Senator Hill has introduced a bill to authorize loans. A Hill-Burton priority sufficient to qualify for a grant would be the test for a loan. This might be amended to set up a separate loan fund under H-B, thereby leaving the established H-B program money intact for grants.

MEDICAL ADVISERS TO P.H.S.

Surgeon General Burney of Public Health Service now has the mechanism to iron out most problems he might have with private medicine before they can break out into the open.

The new special committee to advise him on activities related to the practice of medicine is made up mostly of men who have been leaders in organized medicine for a number of years. Two are trustees of the American Medical Association, Drs. Hugh H. Hussey of Washington, D.C., and Julian Price of Florence, S.C. One, Dr. W. L. Porteus of Franklin, Ind., is a past president of the Indiana Medical Association and an old friend of Dr. Burney, dating from the latter's years as Indiana health officer.

Other members of the group are Drs. Stuart Adler of Albuquerque, N.M.; C. Byron Blaisdell, Asbury Park, N.J., a member of the A.M.A. committee on legislation; Stanley R. Truman of Oakland, Calif., former president of the American Academy of General Practice, and William B. Walsh, Washington, D.C., past president of the National Medical Veterans Society and still one of its most active members.

In appointing the committee Dr. Burney noted that P.H.S. already has a number of committees advising it on research and disease control, and that "with growth of medical and related research it is increasingly important that we work with private physicians as well as health agencies to help apply the new knowledge promptly and effectively. . . . We are grateful to have the advice of this distinguished group of physicians."

RADIATION HAZARDS

The National Research Council-Academy of Sciences is continuing its studies of radiation hazards (from x-rays as

well as isotopes) as a guide to hospitals and research institutes, but does not contemplate another public warning.

A council spokesman said the best advice is to limit exposure to those situations where exposure is necessary, but that once-a-year chest x-ray examinations, for example, are not considered a dangerous risk. From time to time the council will make suggestions to hospitals as to development of safety technics, but has no thought whatever of a national campaign or "investigation."

Reflecting this same moderate tone, the U.S. representatives to the radiation safety conference now under way in Geneva are recommending against the proposed "national diary" on radiation exposure, a system for keeping track of the exposure experience of every person in the country. The U.S. representatives, with support from a number of other countries, argue that the national diary idea would be "too expensive and too impractical."

PERSONNEL

Margaret G. Arnstein on July 1 becomes chief of public health nursing for Public Health Service, succeeding Pearl McIver, who is retiring. A graduate of Smith, Miss Arnstein has nursing and public health degrees from Columbia and Johns Hopkins.

Charles Hilsenroth, executive assistant in the Hill-Burton program Washington office, was among a group of H.E.W. employees cited by Secretary Folsom for distinguished service. Others include Sam A. Kimble, chief of the P.H.S. state grants division; Mrs. Esther V. Schaubel, P.H.S. nurse in Alaska; Richard W. Bunch, executive officer, bureau of state services; Elizabeth B. Corkill, P.H.S. nurse in the Indian division; Joann Garrett, P.H.S. hospital at Fort Worth, Tex., and Edward D. Stanley, P.H.S. hospital at Carville, La.

Dr. Stewart T. Ginsberg, chief of the V.A.'s psychiatry division in Washington headquarters, is leaving to become mental health commissioner for Indiana.

MISCELLANY

Results of V.A.'s experience studying tranquilizing drugs and plans for additional investigations will be discussed at a conference on chemotherapy in psychiatry this month at Downey, Ill. The study, confined to promazine and chlorpromazine, has been conducted at 40 V.A. hospitals.

Red Cross has revised its home nursing course to include specific civil defense training, and recommends that at least one person in every family take the 14 hour course.

Forty military and civilian hospital officials were enrolled in the interagency institute for federal hospital administrators scheduled April 22 through May 10. This session is being sponsored by Public Health Service. Instructions will be given by a faculty of 33.

Public Health Service has launched a nationwide, cooperative study of cerebral vascular disease that is expected to last five or six years, with 35 to 40 institutes participating. It is financed by U.S. grants totaling \$172,000.

The University of Minnesota came through with the largest grant of the 35 announced by P.H.S. for building and equipping research facilities. Minnesota gets \$787,500 for a new underground structure for animal quarters and research space, in addition to \$218,000 for a building addition for cardiovascular research.



LOOKING AROUND

Disclaimer

NOT long after his trip to Iran last year, Dr. Kenneth Babcock recalled thoughtfully the other day, the Near East was at war, and when he went to Havana last winter, a revolution broke out. While he was attending a meeting of the Blue Cross Commission in San Francisco in March, that city suffered its worst earthquake since 1906.

"There is absolutely no truth to the rumor that the Joint Commission on Accreditation of Hospitals was responsible for any of these events," Dr. Babcock told a visitor.

Nursing Notes

WE HAD a long talk the other day with a nurse whose job takes her into hospitals all over the country, and to say that she is disturbed about conditions in nursing would be misleading. She is devastated.

Nursing as it was known to nurses who graduated before the war is disappearing from our hospitals, she reported, and not just because of the shortage, either. A more important reason, she thinks, is that nurses today are required to learn and perform so many technical procedures—or, more accurately, medical procedures—that they don't have time to nurse, even on wards that are fully staffed. Of course, she acknowledged, the shortage makes things much worse.

"The younger nurses don't even know what nursing *is*!" our friend cried. Attending a conference at one

hospital, she reported, she suddenly realized that the younger nurses in the group simply didn't know what she was talking about when she referred to the nursing arts she learned 20 years ago. "They were too busy learning to be assistant doctors," she said.

Hospital administrators and nurse executives and educators need "redirection," our friend concluded. Nursing has got to be turned away from technology and returned to the bedside, she insisted. "This should be the goal of all our public relations efforts in nursing," she said, "instead of more and more intensive campaigns to recruit young girls into nursing careers that they will soon abandon because there's no real satisfaction in nursing any more."

All this sounded logical enough, and we don't doubt the accuracy of these observations, or the urgency of these problems, or the desirability of these goals. But it isn't going to happen that way. The nurse is not going to be turned away from technology and back to the bedside. If anything, she is going to be turned toward more, rather than less, technology, because the demand for technical procedures to be performed for hospital patients will continue to grow with the advance of scientific medicine, and there is nobody else to perform them but the nurse—or, if our friend insists, the person who used to be called a nurse, whom she now designates as a doctor's assistant. Whatever we call her, we need more of her.

Certainly it is true that the hospi-

tal patient today, needing the comfort and reassurance that can be provided best by a nurse who is with him long enough to become a familiar friend, is visited instead by such a dizzying succession of functionaries that he often has the feeling he is watching a bad movie. This is unfortunate, but it isn't going to change. There will be no return to prewar nursing standards, because there will be no return to prewar medical standards, and the fact that some nursing values have unquestionably been lost along the way is no true cause for "redirection" in nursing, any more than loss of the good old family doctor's homely insight into personal problems warrants a return to kitchen surgery.

The gap at the bedside will be bridged eventually by practical nurses, and nurse's aides, and volunteers, and possibly others still unknown and unnamed. These are poor substitutes for the old-fashioned nurse, perhaps, but the antibiotic is a good substitute for the cool hand on the fevered brow, so today's patient is ahead of the game. The traffic at the bedside may make him a little dizzy sometimes, but he never had it so good.

Machine Age

NEARLY everybody is pleased with the way the intern matching plan is working out. Instead of the chaotic, catch-as-catch-can wheeling and dealing between medical students and hospitals that was standard practice a few years ago, there is now a system as orderly as an accountant's

dream, with hospitals and students submitting their preference lists, and the machines, like traders on the stock exchange, matching the bids with the offers. The students like it, the deans like it, and hospital administrators like it—as much as they could like any system of spreading 6000 interns among 12,000 internships.

That is, most administrators do. Looking at the plan through narrowed eyelids, a few have been wondering if its very orderliness doesn't tend to soften the edges of the main problem and thus produce a feeling that things are getting better when they aren't. "The plan has removed the variable of time of appointment, so that all institutions must compete with each other regardless of size, type and general organization," one of these administrators said recently. "It is, in fact, a total bureaucracy. Young men applying to hospitals for internship appointments disdain even to have personal interviews. Why should they waste their valuable time being interviewed when all they need to do is make application? Credentials have deteriorated to pieces of paper complicated by a mass lottery system. The young physician who needs to be taught humility is spoon-fed with arrogance instead. He comes into the hospital with the attitude that he is doing it a tremendous favor by his mere presence. He does not feel challenged to pay attention or maintain interest. His true interest is at a lower level than it has been for 20 years."

To some extent, at least, this administrator is like the detective in the early chapters of a mystery novel—he has analyzed the crime but fastened it on the wrong suspect. The intern matching plan has its shortcomings, certainly, and one of them is unquestionably that it has substituted mechanical selection for the give and take of human relationships, but the plan cannot justifiably be blamed for evils that result from a problem it was never intended to solve: too many internships, not enough interns.

Internship authorities were getting at the real problem three years ago when the two-thirds rule was proposed to cut down the number of available internships, and they are getting at it now, at least mildly, with the one-

fourth rule. But this device, while it may eventually diminish the disparity between internships and interns somewhat, again will only nick the edge of the problem without cutting through to the core. Unquestionably shrewd as it is in many cases, students' choice is not the best or fairest method of determining whether an internship should be continued or eliminated.

Eventually, the approval authorities must come to a new set of standards that will effectively reduce the number of internships to within shouting distance of the supply of available talent. Until then, the intern matching plan is probably as good as any appointment system that might be devised, and it is certainly better than the roulette that preceded it. If the system is indeed raising a generation of arrogant interns, it is up to the nation's chiefs of service to cut them down to size, and the chiefs are just the ones who can do it.

Osteopaths Again

TWO years ago, a special American Medical Association committee headed by Dr. John W. Cline, professor of surgery at Stanford University and past president of the A.M.A., recommended that physicians be permitted to teach in the osteopathic schools of medicine. The Cline committee had completed an exhaustive study of the osteopathic schools and reported they were teaching good medicine, on the whole, handicapped by lack of clinical material and by the restriction making it unethical for physicians to teach in these schools.

With osteopaths providing 6 or 7 per cent of the nation's medical care, the committee concluded, the A.M.A. should do everything it could to improve the quality of osteopathic medicine. Following prolonged, and at times furious, debate, the Cline committee's recommendations were rejected by the A.M.A. House of Delegates, a majority of the delegates taking the traditional view that an osteopath, however well taught, is still a cultist because the musculo-skeletal flimflam is still in the osteopathic medical school catalogs, even though nobody enrolls for these courses any more.

While it unquestionably cheered

some doctors with honest misgivings about osteopathic standards and some more who dislike osteopaths because their daddies and granddaddies disliked osteopaths, the A.M.A. action two years ago accomplished little else, and the osteopath problem, like a minority stockholder, is going to be heard from again. Especially, it is rising again in states where tax supported hospitals are caught in the switch between laws that prevent them from excluding osteopaths and voluntary regulatory bodies that deny them recognition if they *don't* exclude osteopaths. Such hospitals are thus cut off from the benefits of memberships and affiliations designed to help them improve patient care—a circumstance that neatly thwarts the purposes of both the laws and the regulations.

Some of them, notwithstanding, are fine hospitals; ironically, in one California hospital it was the osteopathic group on the staff that insisted on compliance with accreditation standards, even though accreditation itself is out of reach. "Eventually the barrier will be removed," said an osteopath who had taken the initiative in organizing credentials and tissue committees and upgrading medical records practice at this hospital. "When that happens, we'll be ready for accreditation."

The barriers are not going to vanish overnight. As long as there are physicians whose granddaddies hated osteopaths, and osteopaths whose granddaddies learned their medicine by mail, some of the barriers will remain. Meanwhile, there are 12 million Americans over there with the osteopaths, on the other side of the barrier. Like the millions on this side, they are tall and short, lean and fat, sick and healthy; in fact, it is hard to distinguish them from the rest of us. Even while "voluntary professional associations" with osteopaths are still unethical for physicians, administrators of hospitals squeezed in the vise between law and regulation could follow the example of the California osteopath and encourage staff improvement programs along lines recommended by accreditation authorities. The thing to remember is that accreditation is not an end in itself, but only a means toward the end of improving patient care.

Statistical Study Aids Medical Record Use

This new report from the Commission on Professional and Hospital Activities covers areas not previously included and indicates that medical statistics are becoming more and more useful as medical records procedures are improved

VERGIL N. SLEE, M.D.

FOR years we have all listened to the statistical reports of hospitals as regular features of the medical staff meetings. About six years ago, I developed more than a casual interest in these reports and in general problems of hospital statistics.

When one takes a critical look at the monthly statistical report of a hospital he begins to ask questions about the accuracy of the report, about its meaning and, what is more important, about its value. Presumably the report is issued for the purpose of telling the medical staff of the hospital whether or not its practice of medicine meets acceptable standards. Traditional standards, such as the 4 per cent net death rate, may be found in any of the books on hospital administration and medical record keeping.

The interesting thing about these standards is that one can refer to earlier editions of the various textbooks for 20 or 30 years back and find the same standards promulgated year after year. This is immediately disturbing, since we like to think that we are not practicing the same type of medicine today that we did 30 years ago.

A rather obvious solution to this problem is to compare the statistics,

Dr. Slee is director of the Commission on Professional and Hospital Activities, Inc., Ann Arbor, Mich. The Commission is a nonprofit corporation sponsored by the American College of Physicians, American College of Surgeons, American Hospital Association, Southwestern Michigan Hospital Council, and partially supported by a grant from the W. K. Kellogg Foundation, Battle Creek, Mich. This article is condensed from a speech presented at the Washington University Medical Alumni Association annual clinics.

not with the 30 year old textbook, but with reports from other similar hospitals for the same periods in history, when physicians were taking care of patients with the same armamentaria and under the same influences.

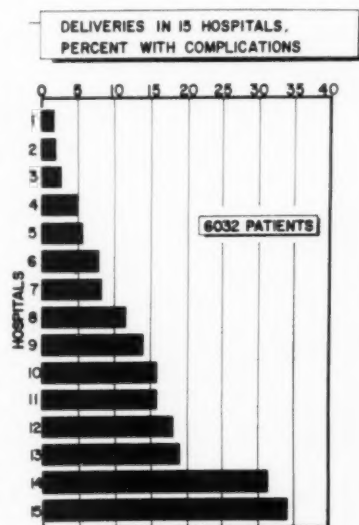
Several years ago, we began to compare the regular statistical reports of a group of some 15 hospitals in Southwestern Michigan. Results of the early phases of these studies have been reported previously in *The MODERN HOSPITAL*.¹ As these reports indicated, the studies have been expanded to include a larger group of hospitals, and a data processing and statistical center has been established, using machines

to tabulate coded information submitted on every patient admitted to the participating hospitals.

Using this system, we have found that differences among hospitals and among physicians show up clearly, and we found that it was valuable to have such information. Following are illustrations of some of the things we have turned up in the last two or three years.

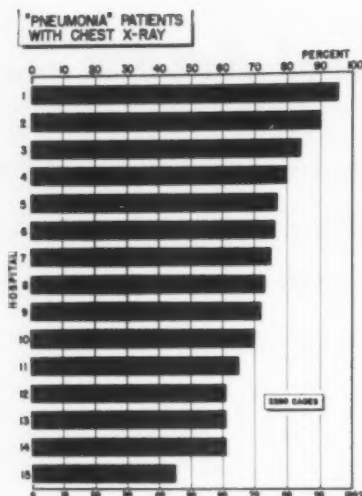
For example, we asked our statistical center the question: "Are there differences in the rates of complications in delivery patients among the hospitals?" Illustration 1 presents the answer. In hospital No. 15 nearly 35 per cent of all the deliveries were reported as complicated deliveries, whereas in hospital No. 1 only 1.6 per cent of deliveries were so reported. We would be surprised if the problems of bearing children were this different in these various communities. So here, as in many instances, the statistical comparison furnished an answer of sorts which intrigued us and raised questions as to the real facts.

Investigation showed that there were at least two factors involved. One was that doctors varied in their definitions of prolonged labor so that one might

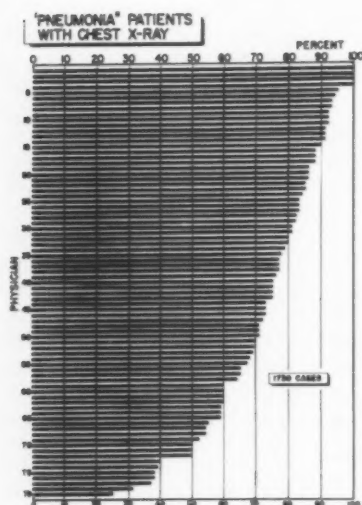


Illus. 1. Per cent of obstetrical patients reported as having complicated deliveries, by hospital, for 15 general hospitals, July through December 1954.

¹Myers, Robert S.: Hospital Statistics Don't Tell the Truth; Slee, Vergil N.: Statistics Influence Medical Practice; Mooi, H. R.: Doctors Do Take Records Seriously; Hoffmann, Robert G.: We Must Ask the Right Questions to Get the Right Answers; Erickson, William: Small Hospitals Benefit by the New Approach; Van Der Kolk, Bert: Did They Have Pneumonia—or Didn't They?; Farr, Viola: Record Librarian Lists Advantages; Eisele, C. Wesley: Opinions Are No Basis for an Objective Analysis. *Mod. Hosp.*, 83: 53-64 (July) 1953.

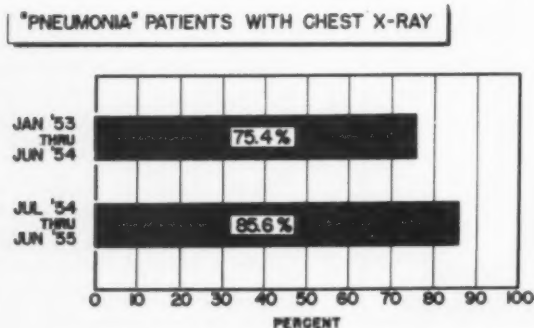


Illus. 2. Per cent patients with acute lower respiratory infections ("pneumonia") having chest x-ray during hospital stay, by hospital, for 15 general hospitals, Jan. 1953 - June 1954.



Illus. 3. Per cent patients with acute lower respiratory infections ("pneumonia") having chest x-ray during hospital stay, by physician, for those physicians treating 10 or more "pneumonia" patients in 15 general hospitals.

Illus. 4. Comparison of per cent of patients with acute lower respiratory infections ("pneumonia") x-rayed before data from Fig. 2 and 3 were shown to medical staff (January 1953 through June 1954) and after (July 1954 through June 1955. See below.)



Illustrations 2, 3 and 4 first appeared in *Annals of Internal Medicine*, January 1956.

say that any labor which went over 12 hours was prolonged while another would call it prolonged after 24 hours had elapsed. This failure to have an acceptable definition and to use the same terminology was introducing a bias into the data.

Another interesting thing was also involved which had to do with the collection of data. We found that the medical record librarians in hospitals 14 and 15 had got it into their heads that the use of low forceps indicated that the labor was prolonged or that there was some disproportion, and also that an episiotomy was interpreted as a laceration. Discussion among the medical staff led to some better agreement on definitions and the medical record librarians were persuaded to code from the diagnoses as expressed by the physicians rather than their own interpretations.

In another instance, we started with the idea that anyone with an acute lower respiratory infection who was sick enough to be hospitalized for treatment of that condition was quite likely to have a chest x-ray examination in the hospital. We actually found that about 76 per cent of all such patients did, but in one hospital 95 per cent of these patients were x-rayed while in another only 45 per cent were x-rayed. Illustration 2 shows the distribution.

When we looked at the performance of individual physicians, shown in Illustration 3, we found that for several physicians all patients were x-rayed, while at the other end of the scale, there was one physician who x-rayed only one out of every four patients he treated. It was suggested that the patients who were not x-rayed might represent infants, or patients *in extremis* who died before they could be x-rayed. Review of the cases did not confirm either of these suspicions.

In one hospital with a rather low per cent the staff members felt that the chart did not correctly describe their performance. So they investigated and found that a large proportion of x-ray reports were never getting onto the clinical records. When this was corrected not only was the percentage better, but a serious defect in the hospital administration was eliminated.

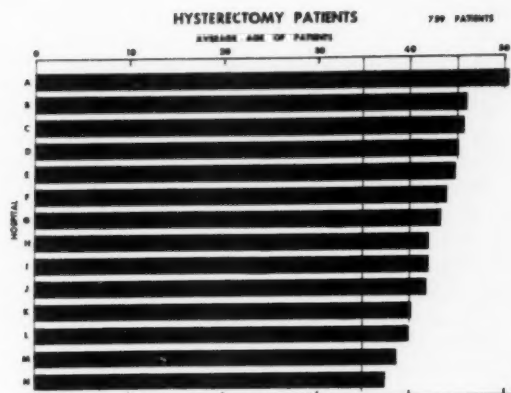
In another hospital the report led to a good deal of discussion about when chest x-rays were indicated. Some of the comments were that if a man required a chest x-ray to diagnose every pneumonia, he wasn't a very

good doctor. Others championed the idea that every patient suspected of pneumonia should have one chest x-ray, and if the diagnosis was established, a second x-ray should be taken later to determine whether resolution had taken place and to be sure no other disease was obscured by the inflammation. No conclusions were reached at the staff meeting but, as will be noted from Illustration 4, for the next year at least the chest x-ray percentage went up a little over 10 per cent. This might mean that there was a tendency among the physicians to follow the leader and try to achieve a higher score, or it might mean that they were giving a little more serious attention to the care the patients were getting.

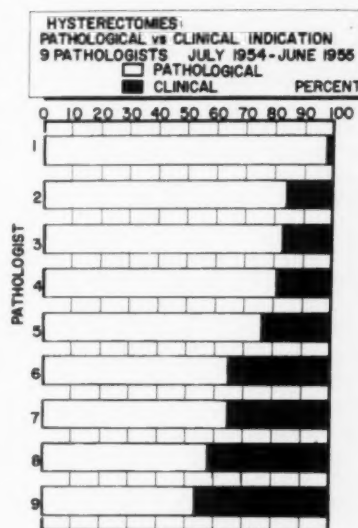
In the pneumonia illustration we have shown, first, a problem in hospital administration and, second, some real differences in medical practice, in contrast with the delivery illustration in which we detected some problems in medical terminology as well as some in record collecting.

Illustration 5 presents the average ages of the women having hysterectomies in the various hospitals. The over-all average age was about 43 years. However, in one hospital the average was a little over 50 years whereas in another hospital of about the same size, the average age was just over 37 years. The latter hospital accounted for about one-third of the hysterectomies but about only one-sixth of the total discharges. So far as we can determine, this illustrates a definite difference in medical philosophy as to the indications for hysterectomy.

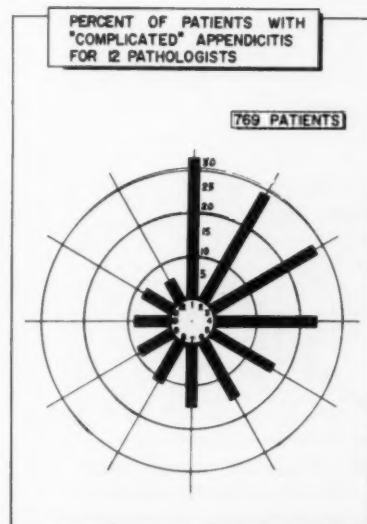
Illustration 6 presents pathologists' reports in hysterectomies. In this figure are shown some 1190 hysterectomies in the period of one year for which tissue reports are available from nine pathologists serving 20 hospitals. Pathologist No. 1 reported unequivocal pathological indications for the surgery in 98 per cent of the cases, while pathologist No. 9, at the other extreme, reported such findings in only 44 per cent of the cases. Or, to read the rest of the graph, in those cases served by pathologist No. 1, indications for surgery were purely clinical in only about 2 per cent of the cases, while for pathologist No. 9, the clinician bore the responsibility for over half of the cases. Here, again, we suspect that this represents a difference in philosophy and, to some extent, ter-



Illus. 5. Chart shows average age of hysterectomy patients, by hospital, for 14 general hospitals studied in 1953.



Illus. 6. Proportion of tissue reports recording pathological vs. clinical indications for hysterectomy for nine pathologists, July 1954-June 1955 (1190 hysterectomies were studied).



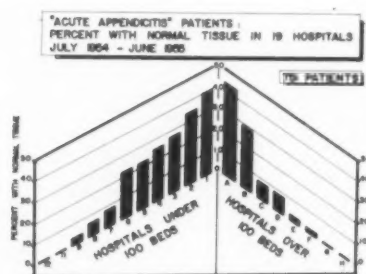
Illus. 7. Per cent of primary appendectomy patients with final diagnosis of "complicated" appendicitis (with peritonitis or perforation) for 12 pathologists, July 1954-June 1955.

minology, on the part of the pathologist.

Illustration 7 is taken from acute appendicitis. We wondered if the pathologists serving our participating hospitals were reporting complications of appendicitis in roughly the same proportions of cases. By "complications" we meant peritonitis or perforation. We knew of no reason to suspect that there would be large differences in the occurrence of perforation or peritonitis among the patients served by these different hospitals. Commonly, the surgeon waits for the pathology report before writing the final diagnosis on the clinical record. Therefore, we felt that the final diagnoses in these appendectomy cases would probably reflect the pathologists' diagnosis, particularly with reference to peritonitis and, to some extent, microscopic perforation. It may be seen that the occurrence of "complicated" appendicitis varied from 6 per cent for one group to 33 per cent in another group. This we strongly suspected was the result of differences in terminology and description on the part of pathologists.

This assumption would be valid, of course, only if the surgeon really is influenced by the tissue report. One way to measure this was to look up the cases reported by the surgeons as acute appendicitis in which the pathologist reported normal tissue. The findings are shown in Illustration 8. This is more striking than the preceding.

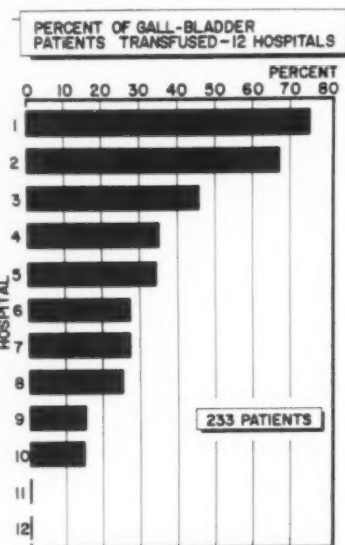
In only four hospitals did the surgeons take the pathologists' diagnosis of normal tissue as final, and report cases as acute appendicitis *only* when the tissue was reported diseased. In contrast, note that in three hospitals, 1, 2 and A, 30 per cent or more of the appendectomies carried a diagnosis of acute appendicitis in the face of



Illus. 8. Per cent of primary appendectomy patients with a final diagnosis of acute appendicitis for whom normal tissue was reported, by hospital, for 19 general hospitals, July 1954-June 1955.

INJURY GROUP	NUMBER OF CASES	NUMBER WITHOUT X-RAY	PER CENT WITHOUT X-RAY
Fracture—Skull, Spine, Trunk *N800-N809	565	99	17.5%
Fracture—Upper Limb N810-N819	622	71	11.4%
Fracture—Lower Limb N820-N829	746	61	8.2%
Dislocations Without Fracture N830-N839	116	15	12.9%
Sprains & Strains N840-N849	283	63	22.2%
Head Injury—Except Fracture N850-N856	467	99	21.1%
TOTAL	2799	408	14.6%

*International Statistical Classification Code



Illus. 9. Above: X-rays in selected trauma. Use of diagnostic x-rays in 2799 hospitalized trauma patients in 15 general hospitals studied.

Illus. 10. Left: Per cent of gall-bladder patients transfused, by hospital, for 12 general hospitals studied in 1954.

normal tissue reported by the pathologist. If the surgeon was entering his final diagnosis on the basis of the tissue, such cases should carry a diagnosis of some other pathological condition, or right lower quadrant pain of undetermined cause. What this chart then shows us is that the pathologist may not be as influential as we generally believe.

Here again, instead of answering questions with any degree of finality, we have opened up several new ones for investigation, since this type of problem will yield to a direct frontal attack.

In view of the present sensitivity about lawsuits, workmen's compensation and insurance, one expects to find every fracture and dislocation, and most sprains and concussions, x-rayed in the case of hospitalized patients.

As can be seen from Illustration 9, a surprising 12 per cent of all fractures were not x-rayed; 12.9 per cent of dislocations, and 21.1 per cent of

head injuries (of which more than half were concussions) were not x-rayed. We believe this represents an indication of medical practice and cannot be explained on the basis of differences in patients.

One particular area of medical practice in which great differences in philosophy appear is the use of whole blood transfusions. We have looked at this therapy in a number of medical and surgical conditions for a number of hospitals. A hospital which uses a lot of blood in deliveries will also use a lot of blood in medical conditions and in various types of surgery. A hospital which uses very little blood in one will use little blood in others.

The variation actually exhibited can be seen in Illustration 10 concerning the use of whole blood in patients who had gallbladder surgery. You will note that the range is from no patients receiving blood to 75 per cent. Although this is a fairly small group of cases, the same phenomenon has been

observed in other conditions and in much larger series. The reason we show this particular figure is that these gallbladder cases were "audited" by the medical staffs of the same hospitals in which the surgery was performed. This was a portion of the medical audit research program in which we are collaborating with the American College of Surgeons. In only three instances in the 233 cases was the use of blood criticized. Apparently each medical staff is firm in its beliefs as to when it is appropriate to use blood.

It would seem that here is an area in which investigation of the facts could help establish a reasonably rational basis for the use of blood, somewhere between the philosophy which holds that a blood transfusion is an extremely hazardous procedure to be used only as a last resort, and that which regards blood as the modern-day successor to sulfur and molasses.

In addition to detecting differences in medical terminology, in record keeping, in hospital administrative practices, in methods of collection of data, and in medical practices there are other things which can be turned up by a statistical approach.

We recently reviewed the treatment of young children with respiratory in-

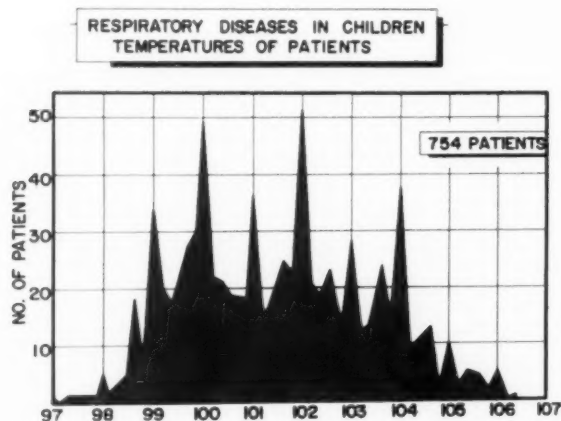
fections. Among other things, we had committees of the medical staffs of the participating hospitals record the admitting temperatures of the infants. There were some 821 patients involved and in 67 instances no admitting temperature was recorded at all. The 754 instances in which there was a temperature recorded are plotted in Illustration 11. There are some interesting things about this chart. First, far more temperatures are recorded on full degrees than are recorded for tenths of a degree. Second, and more interesting, note that there is a far greater preference for even-numbered degrees than there is for odd-numbered degrees. We suspect that this is evidence that nurses and nurses' aides can't read thermometers. For the comment "who cares?" we believe that the principle of being faithful in a few things and also being faithful in many applies. We would like to have our employees as meticulous in reading thermometers as in measuring doses of insulin.

As to the medical importance of a 2° *vs.* a 3° fever, we agree that it isn't very important, once the fact has been established that a temperature elevation exists. The error probably doesn't influence treatment much in

ranges above 100°. But if the question to be determined by taking the temperature is whether or not there is any elevation, so that we are reading in the range of approximately 98.6°, a mistake of one degree may influence our care of the patient considerably.

For the last two years one of the items which the record librarian has routinely reported to us on all patients is the admitting hemoglobin of each patient. Last fall we tallied up these admitting hemoglobins and found that the over-all hemoglobin average for all hospitals remained constant within 0.2 Gm. from month to month, for a six-month period. The most constant average maintained by any single hospital showed a 0.3 gram range. At the other end of the scale was a hospital in which the range between highest and lowest month was 1.6 gram in the six-month period. These are shown in Illustration 12.

There also was an interesting difference in the over-all six-month average hemoglobin from hospital to hospital as found in Illustration 13. As



Illus. 11. Shown above: frequency distribution of admitting temperatures of 754 children hospitalized with acute respiratory infections as reported by 11 general hospitals, during period of July through December 1954.

Hospital	Monthly Averages of Admission Hemoglobins, in Grams			Tests per Month
	Highest Month	Lowest Month	Range of Monthly Averages	
1	13.3	13.0	0.3	162
5	13.6	12.0	1.6	347

Illus. 12. Above: highest and lowest monthly averages of admission hemoglobins in two general hospitals.

Hospital	Six-Months Average	Total Tests
9	11.6 Gm.	1056
14	14.1 Gm.	876

Illus. 13. Shown above: six-months' averages of admission hemoglobin levels for hospitals showing highest and lowest over-all averages.

can be seen, these differences are not artifacts produced by small numbers. Some 23,000 determinations went into the total study.

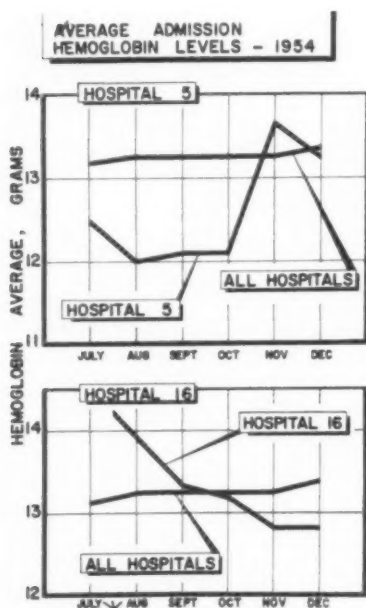
In the cases of hospitals showing the wide swings of hemoglobin level we looked a little more closely at the data. In Hospital 5, shown in Illustration 14, we were impressed by the jump in hemoglobin level which occurred in November. When we asked the pathologist about this he stated that this was the time at which they had recalibrated their colorimeter.

In Hospital 16, also shown in Illustration 14, the trend was in the other direction, a steadily decreasing hemoglobin level from the initial 14.2 grams down to about 12.8. This was quite disturbing to the medical staff which had considerable faith in its laboratory, and so it was investigated rather carefully. Here it was found that the record librarian had neglected to supply to us all the data during the first two months, and in addition she had, through some unknown process,

selected primarily patients with high hemoglobin levels to report during the same period.

In both of these instances the changes in hemoglobin did not represent changes in the patient population of the hospital or their medical conditions, but rather problems in the laboratory and in the record room.

A common initial reaction to data of this sort on the part of the clinician is to shrug it off. He is used to seeing fluctuations of a gram or more reported from day to day on individual patients, so when he sees that an average for one hospital is 2 grams higher than an average for another hospital, he is not immediately impressed with any practical value of the information. Such information, however, is of real importance.



Illus. 14. Above: monthly averages of admission hemoglobins for 2 general hospitals as compared with monthly averages for all hospitals.

Robert G. Hoffmann, Ph.D., our statistician, while working on his doctorate on control chart methods in clinical laboratories, studied two hospitals literally across the street from each other, taking care of the same community's patients, and staffed by the same physicians. Illustration 15 presents the data obtained from these two hospitals.

In Hospital A the initial hemoglobin average was 11.1 grams, whereas in Hospital B across the street, at the same time, the average was 13.3 grams. When this fact came to light, an investigation was made and the instruments were restandardized. In Hospital A, the post-standardization average was 14.9 grams, whereas in Hospital B, it was 12.8 grams. After the restandardization the laboratory may not have given absolutely precise hemoglobin reports either, but the point of presenting these data is found in the final column. During the period before restandardization of the equipment, in Hospital A an average of 5.2 patients per day received blood transfusions. After restandardization an average of 2.4 patients per day received blood transfusions. Multiplied out, this means that in the course of a year, approximately 1000 fewer patients received blood transfusions when the hemoglobin determination had been restandardized to give every patient approximately 3.8 grams more of hemoglobin.

Here, as in the illustration with the temperature readings, the importance of the error is not felt in the definitely abnormal range. The error is of serious import when it occurs at or near the critical point which the physician has selected as determining his course of action. In the temperature reading, the question is "Has the patient a fever?" In the hemoglobin reading, the question may be "Does the patient need a transfusion?" Here, the error

is one which automatically and secretly adds to or subtracts from the true hemoglobin level of every patient an error in the amount of the deviation from the standard.

Some tangible changes seem to have occurred in the three-year period the program has been under way. There have been some improvements in nomenclature in the participating hospitals. In most instances medical records contain more information than they did three years ago. Records are being completed more rapidly because the staffs want to get information back. Some standardization of medical record room procedures and functions has resulted. Hospitals have had facts to use in planning their facilities. A number of medical staffs have used statistical studies incorporating their own data as the basis for medical staff discussions. Finally, it seems there have been some changes in medical practice.

The fact that this program is aimed at providing help for physicians has obtained for it the interest and support of the American College of Physicians, American College of Surgeons, and American Hospital Association, which have joined with the original sponsor of the program, the Southwestern Michigan Hospital Council, in forming a nonprofit corporation of national scope to furnish medical and hospital statistical services, and also to continue research in methods and with the data. The program which started in 1953 with 15 hospitals discharging 50,000 patients per year now serves 32 hospitals discharging 225,000 patients per year.² It should be self-supporting when it grows to approximately four times its present volume. For interim support, a fourth grant has been obtained from the W. K. Kellogg Foundation.

So far, the work has been at a rather elementary level, and a good deal of attention has naturally been devoted to procedure and detail. As these hurdles are passed we expect to increase the amount of medically useful information available. Data such as I have described here usually raise questions more frequently than they furnish answers, but the stage has been set for further investigations, and a mechanism for facilitating such studies has been set up in the data processing and statistical organization.

²As of December 1956, the Professional Activity Study serves 50 hospitals in 12 states with 386,000 patients discharged per year.

HEMOGLOBIN AVERAGES FOR TWO HOSPITALS	AVERAGE PATIENTS TRANSFUSED PER DAY	
	Hospital A	Hospital B
Initial Period	11.1 Gm.	13.3 Gm.
After Restandardization	14.9 Gm.	12.8 Gm.
Reduction in Transfusions	2.8	

2.8 x 365 = 1022 fewer patients per year transfused after restandardization.

Illus. 15. Monthly averages of admission hemoglobins for 2 general hospitals before and after procedure was restandardized, and average patients transfused per day for the same periods.

THE MODERN HOSPITAL OF THE MONTH

Exterior of Morristown-Hamblen General Hospital, Morristown, Tenn. The building site is rectangular, with a slope along the greater dimension.



Efficient Operation Follows a Logical Plan

"Stacking up" of areas that have similar requirements, simple construction technics, and skillful use of common materials result in savings in building and operation

MARIO BIANCULLI

THE building committee of Morristown-Hamblen General Hospital, Morristown, Tenn., exercised great care in the selection of the site, which, although within the city limits, is readily accessible to the area served. The site is of a rectangular shape with a gentle slope along the greater dimension. It was possible to obtain direct access from the existing pattern of the streets to provide an independent ambulance route and access for the public, and still a separate access for services and employees. In fact, these accesses directly influenced the disposition of the various elements of the hospital.

The approach to the design of this project, which has resulted in an economical plant cost and efficient operation, was governed by the following features:

1. The "pulling out" from the mass

The author is a partner in the firm of Bianculli and Palm, architects, Chattanooga, Tenn.

OUTLINE OF CONSTRUCTION COSTS

Total project cost.....	\$1,060,874.00
No. of beds.....	71 (planned for 50 additional)
Cost per bed.....	14,942.00
Total square feet.....	46,096
Square feet per bed.....	590
Cost per square foot.....	23.01
Volume of building.....	544,179
Cubic feet per bed.....	7,664
Cost per cubic foot.....	1.35

of the building of most of the area that required special layout, such as the surgical and obstetrical departments, plus the administrative section and storage spaces.

2. The "stacking up" of areas with similar requirements, such as nursing units.

3. The skillful use of common materials rather than the adoption of new experimental materials.

4. Construction detailing simple and direct, avoiding complicated construction practices.

The central nursing services, such
(Continued on Page 61)

OUTLINE OF CONSTRUCTION DETAILS

TYPE OF CONSTRUCTION:

Structure: reinforced concrete frame.
Walls: brick on concrete block back-up.
Floors: slab on grade and steel joists with concrete slab.
Roof: steel joists with concrete slab.
Concrete foundation; walls waterproofed.
Concrete block partitions, plastered.

EMERGENCY POWER

(type and specific areas supplied):

An emergency stand-by gasoline generator set to supply auxiliary power automatically in case of a power failure.

TYPE OF BOILERS AND FUEL BURNERS:

All-steel water tube boilers and forced draft.
Dual fuel burners for natural gas or fuel oil.

TYPE OF HEATING SYSTEM AND CONTROLS:

Steam by convectors in majority of hospital rooms. Floor radiant heating system used in the lobby area. Heating supplied to operating rooms by duct system from the winter-summer air conditioning unit.

DOCTORS' AND NURSES' CALL SYSTEM:

A buzzer and lamp signal at each nurses' station connected to a call-button in each patient's room. A doctors' staff register system and a doctors' paging system is incorporated in the building.

SCHEDULE OF FLOOR, WAINSCOT, WALL AND CEILING COVERINGS:

Lobby and adjacent areas: asphalt tile floors, rubber tile base, plaster walls with plastic covering, acoustic tile ceiling.
Corridors: asphalt tile floors, ceramic tile base,

5 foot high ceramic tile wainscot with plaster above, and acoustic tile ceiling.

Operating and delivery suites and adjacent sterile areas: conductive mosaic tile floors, 6 foot high ceramic tile wainscot with plaster above, and plaster ceiling.

Kitchen and adjacent areas: quarry tile floor and 6 foot high quarry tile wainscot with plaster above, acoustic plaster ceiling.

Patients' bedrooms, employees' areas, and other areas: asphalt tile floor, rubber tile base, plaster walls and ceilings.

All basement areas: concrete floor, exposed masonry walls, and plaster ceiling.

INSULATION:

Roof insulation is provided in the steel joist space and all labor rooms are insulated to reduce sound transmission.

FIRE SPRINKLER PROTECTION:

None required; however, stand pipes and hose cabinets with extinguishers are on each floor.

WATER SOFTENING SYSTEM (laundry, domestic hot water):

Two zeolite water softeners are provided.

AIR CONDITIONING

(type and specific areas supplied):

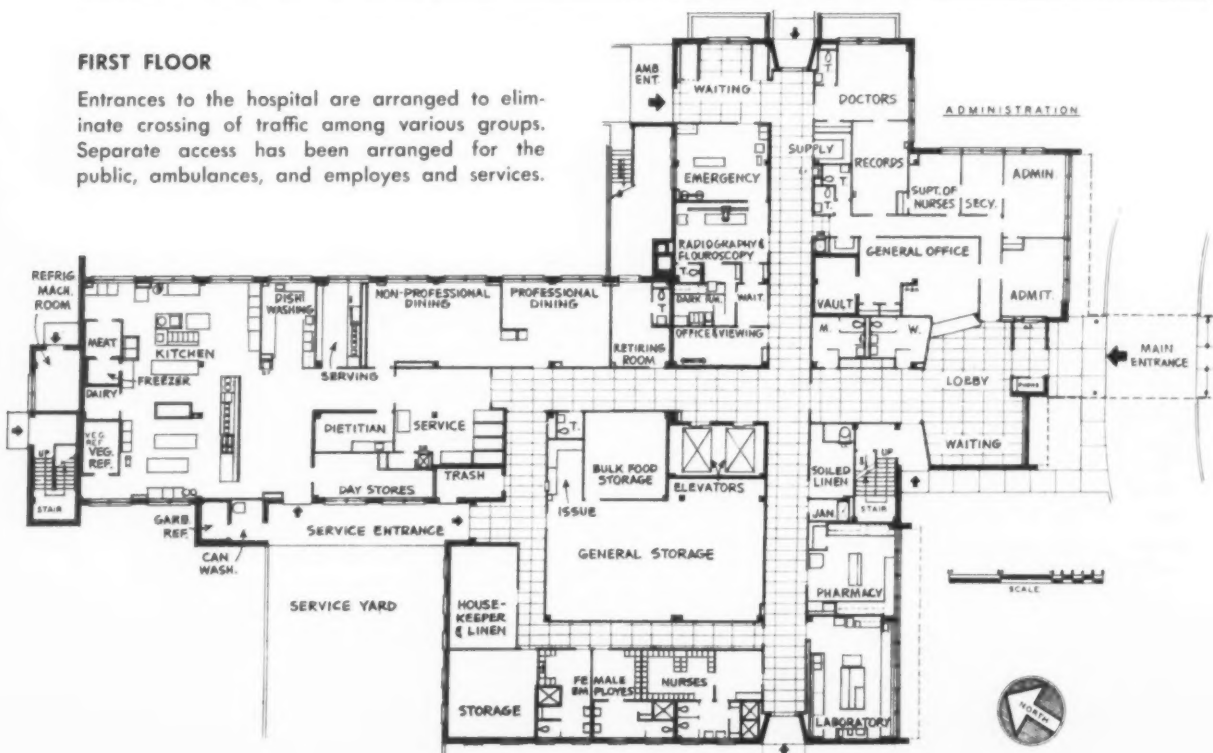
An air handling unit with freon compressor and evaporative condenser and steam coil, provided with throw-away filter.

Rooms supplied are: operating rooms, delivery rooms, cystoscopic, fracture, nursery, suspect, examination and treatment, labor rooms, and postanesthesia.

Also, operating and delivery rooms are provided with separate ventilation equipment.

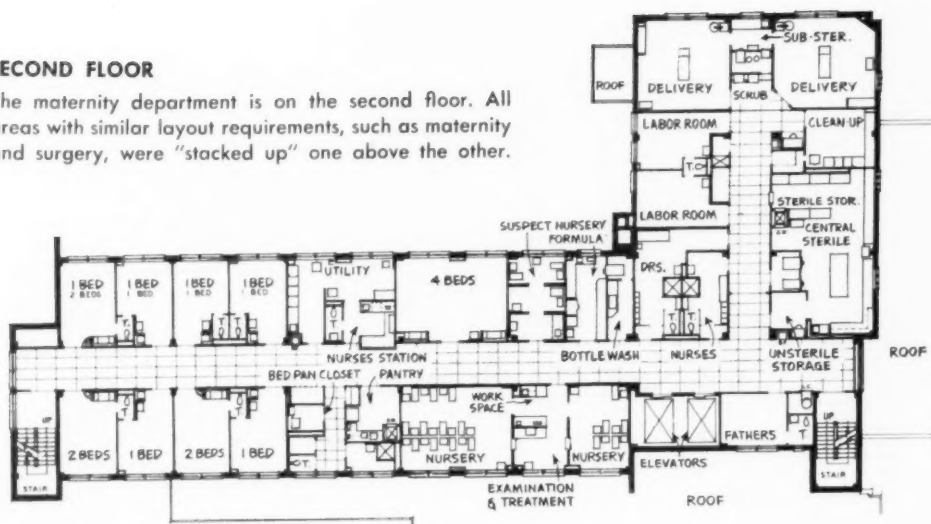
FIRST FLOOR

Entrances to the hospital are arranged to eliminate crossing of traffic among various groups. Separate access has been arranged for the public, ambulances, and employees and services.

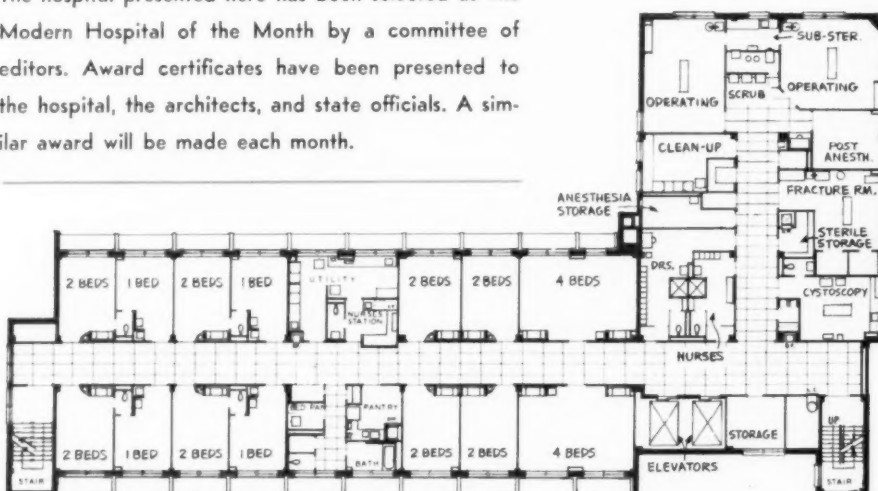


SECOND FLOOR

The maternity department is on the second floor. All areas with similar layout requirements, such as maternity and surgery, were "stacked up" one above the other.



The hospital presented here has been selected as The Modern Hospital of the Month by a committee of editors. Award certificates have been presented to the hospital, the architects, and state officials. A similar award will be made each month.

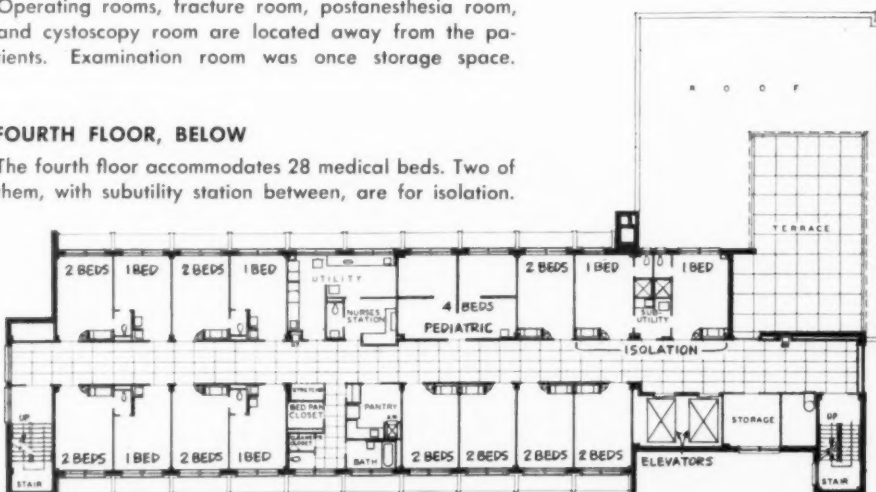


THIRD FLOOR, ABOVE

Operating rooms, fracture room, postanesthesia room, and cystoscopy room are located away from the patients. Examination room was once storage space.

FOURTH FLOOR, BELOW

The fourth floor accommodates 28 medical beds. Two of them, with subutility station between, are for isolation.





Above: Central nursing services, such as the nursing stations, utility rooms, and so forth, are grouped around the center of gravity of the nursing unit at each floor. This resulted in construction and mechanical savings.

Below: The laboratory is not the dim, dark hole of tradition but airy, well lighted, and pleasant. Its only drawback, the administrator reports, is that there is no space for basal metabolism and electrocardiographic work.



COMMENTS OF THE ADMINISTRATOR

WILLIAM G. MESSER

FROM the administrative point of view, Morristown-Hamblen Hospital is a well designed, functional building. Space allocation has been adequate in most departments. Storage space throughout the hospital is so plentiful that we were able to convert a storage room on the surgical floor into an examination and treatment room, and when the services of a full-time pathologist were acquired in September 1956, a storage room next to the necropsy room was readily converted into a tissue laboratory.

We have found that the dumbwaiter from the central supply room, serving the operating rooms on the third floor and the emergency room on the first floor, saves much time and speeds up service to these departments. The dumbwaiter from the dietary department to all floors is also a timesaver. Outside access to the trash storage

room and the refrigerated garbage room makes collection by the city sanitation department easy, without disturbing patients or employees.

The ceramic tile wainscot in all corridors, service areas, operating rooms, delivery rooms and emergency rooms, and the quarry tile wainscot in the dietary department are attractive and will wear extremely well. This, combined with asphalt tile floors and rubber cove base in all patient areas and offices, and quarry tile floors in the service areas, help simplify housekeeping and maintenance.

We are particularly pleased with the covered terrace on the fourth floor where patients and visitors lounge in warm weather, and the concrete canopies over the east and west windows which help keep the building cool.

Naturally, mixed with the roses are a few thorns:

The oxygen manifold room is located in the basement on the opposite side of the building from

the service entrance. Although oxygen outlets are in every other desired location, somehow they were overlooked in the labor rooms so we keep oxygen cylinders there.

The emergency room does not have conductive floors.

Inadequate space has been provided for the medical records department.

The emergency generator is inadequate for the required services. (We are in the process of installing an additional one.)

We do not have a BMR-EKG room for the laboratory.

We are presently using the dining room for conferences and meetings but there is a definite lack of privacy and, of course, we are limited in the hours during which meeting and classes can be held.

Even with these disadvantages, however, we feel we have an excellent hospital building, and are looking forward to the day when we can have our architect begin planning a new wing.

Mr. Messer is administrator, Morristown-Hamblen General Hospital, Morristown, Tenn.

Below: Extreme daylighting of the corridors produces a bright and cheerful atmosphere. Corridors have asphalt tile floors; ceramic tile wainscoting to a height of 5 feet, with plaster above, and acoustical ceilings.



One of the most attractive features of the hospital is the covered terrace on the fourth floor where patients and visitors lounge in warm weather and look out over the city. Concrete canopies help keep building cool.

(Continued From Page 57)

as nurses' station, utility rooms, patients' facilities, storage spaces, and pantry, are all grouped around the center of gravity of the nursing unit at each floor. This feature resulted in substantial construction and mechanical savings, and provided a most direct and efficient nursing service, as it eliminates excessive walking distances for nurses and attendants. It also resulted in a direct connection with the food service center which is served by a dumb-waiter, providing fast food distribution.

Another feature that has received much favorable comment, besides the roof garden, is the extreme daylighting of the corridors, which produces a most bright and cheerful atmosphere, and opens a pleasant view of the city and surrounding hills.

The building is fireproof, being built of masonry and glass on reinforced concrete frame. The interior finishes are terrazzo and asphalt tile, conductive floors for surgical and OB suites, tile wainscot for all corridors, kitchen and OB suite, and acoustical ceilings in all public spaces. The architects' belief in the therapy and psychology of color resulted in a cheer-

ful, but not loud, color scheme for patients' rooms and public spaces. Oxygen service is provided at each bed, and nurses' call (two-way audible intercom system); visual doctors' call; master clock system; an emergency electrical power plant, and lightning protection are also available.

Elevator service is provided by two electric passenger elevators with a speed of 100 feet per minute and with a net capacity of 4000 pounds. Dumb-waiter service makes vertical connection between departments flexible and satisfactory.

UNUSUAL STRUCTURAL SYSTEM

A rather unusual structural system was devised for this hospital. The building frame is reinforced concrete columns and girders, with steel joists and reinforced concrete slabs. A longitudinal girder was provided in the center of the corridor, which resulted in fewer joists of longer span, and provided easy utility connections from the main trunks located in corridor furred ceiling spaces to the periphery of the building. This type of structural framing is in accord with the general economy of the project.

Various parking areas were organ-

ized according to their relationship to both the street system and the wings of the building, as follows:

1. General parking areas for outpatients and public directly to main entrance and administrative and outpatient department.
2. Separate ambulance drive directly to ambulance court.
3. Doctors' parking area, accessible from both Nos. 1 and 2, and immediately adjoining the doctors' entrance.
4. Separate service drive and service court from street directly to service areas.
5. Hospital staff parking area, accessible from Nos. 1 and 4, and immediately adjacent to employees' entrance.

All the outdoor areas are attractively landscaped and properly marked.

The hospital trustees as well as the community are very happy about their plant and have stated that "they are convinced that they have one of the best arranged hospitals of this size anywhere. . . . This is the general feeling, including doctors and nurses, as well as the administrator."

The administrator, however, had a few criticisms which are expressed in the statement on page 60.

Dallas Tornado Caught Them Fully Prepared

When Parkland Hospital was designed the administration made plans for emergency care of disaster victims, and the plans paid off when the disaster actually happened

DALLAS, TEX.—When the tornado hit Dallas with devastating force last month, the Parkland Memorial Hospital, near the center of the devastated area, was called on to provide emergency service for nearly 200 patients, many of them seriously injured, within a few hours after the disaster struck.

Ten persons were killed by the tornado, which destroyed or seriously damaged more than 500 homes in the hospital area and caused an estimated \$4 million in property damage.

With physical facilities that were planned for disaster service when the new hospital was built eight years ago and a full staff of doctors, nurses, technicians and volunteers following

planned disaster instructions, the hospital treated 175 patients during the emergency, Albert H. Scheidt, administrator, reported. An additional seven disaster victims were dead on arrival at Parkland, and two more died in the emergency room.

Describing the way the disaster plan worked at Parkland, Mr. Scheidt said:

"We follow the general theme that a disaster is a series of individual emergencies which happen to come in closely together, without any feeling that we are doing something different from our regular jobs."

Actually, the hospital began preparing for the disaster in 1949, when the board of managers directed Mr. Scheidt

and Architect Roscoe DeWitt to incorporate into the new \$10 million Parkland Memorial Hospital facilities essential to meet any major natural or industrial disaster, without substantial additional cost.

"Since the hospital would be expected to receive more than 6000 emergencies and off-schedule clinic cases a month, basic emergency facilities were easily defined," Mr. Scheidt explained. "But further expansion of emergency facilities could not be justified on the basis of disaster need alone, so we planned 'double in brass' facilities that would provide for disaster requirements but could be used for other purposes under normal operation."

The basic area for emergency cases is located on the ground floor, flanked by radiology and, across a parallel hall, clinical laboratories (see plan).

The laboratory stenographic office, 50 by 24 feet, was designed to provide adequate space for first aid and emergency care of superficial wounds.

The nursing education department is on the floor above, readily accessible to the emergency department elevator. Two nursing education classrooms, divided by folding doors, were designed to be converted into an emergency area of 40 by 48 feet. One wall in this room is equipped with four oxygen outlets, two suction outlets, and a utility room with no wall on the classroom side. All these facilities were fully connected, for emergency use and to provide real experience for student nurses in their preclinical studies. The room is equipped with treatment carts, utility carts, linen hampers and other equipment, providing a suitable area for disaster patients requiring observation.

What Did We Learn From Disaster?

1. We learned that we were correct in our theory that a disaster is a series of individual emergencies happening almost at the same time, and that the more nearly a person can be used in his normal hospital capacity, the smoother the program works.

2. We learned that speed is not as necessary as handling each step in the process thoroughly.

3. We learned that while the disaster—in this case a tornado—may do its damage in a minute, the first patients do not arrive from the disaster area, even when it is close at hand, for at least 10 or 15 minutes.

4. We learned that proper layout of the original structure, proper

triage, plus an abundance of properly trained and disciplined personnel, proper equipment and supplies, and assurance to those wanting information, are the basic essentials of a successful disaster program.

5. We learned that our established sources of medical and pharmaceutical supplies were just as interested as we were in making certain that we would not run short of any essential materials. In this case, by a prearranged plan, the supply houses called us periodically during the disaster to make certain our supplies were adequate. It was not necessary for us to order any emergency supplies.

—ALBERT H. SCHEIDT



United Press Telephoto

Disaster victims are cared for in emergency treatment area on the ground floor of the hospital (see diagram).



Stretchers and wheel chairs were substituted for desks in classroom on second floor used for observation cases.

Adjoining the classroom is the hospital library, 40 by 75 feet, with portable tables. "These did not see use in this particular disaster but could have been put into service in short order," Mr. Scheidt related.

Altogether, the space provided for disaster purposes in these areas was judged adequate for 69 patients in beds

or stretchers and 71 wheel-chair cases. The 8 foot parallel corridor running between the emergency room and the clinical laboratories would provide space for an additional 18 beds or 36 wheel chairs without interrupting traffic flow, it was estimated.

"These planned facilities permitted us to handle all the tornado emergency

cases in closely related areas after they had passed through what we considered one of the basic requirements of a good disaster emergency program—triage," Mr. Scheidt explained.

Describing the triage officer, a hospital staff member, as he worked during the disaster, a newspaper article* said he had "all the force and authority of a sergeant major. He dispatched each victim to proper care areas—emergency, first aid, observation, surgery, OB or the morgue. Between cases he barked orders to doctors and nurses, consoled bereaved families, and perked up weary workers with a reassuring smile. Backing him up were everyone from telephone operators and orderlies to head nurses and doctors who made the big hospital hum far into the night."

The primary disaster team of the hospital included 68 physicians on the attending staff, it was reported. In addition, the hospital's normal personnel complement includes a house staff of 130 residents and interns, 110 medical students, 132 student nurses, 24 x-ray technician students, four laboratory technician students, and 20 blood bank volunteers from the women's auxiliary. More than half of these staffs

*Hospital Built for Disaster Meets Baptism by Fire, by Judy Bonner and Gail Pitts, *Dallas Times-Herald*, April 3, 1957.

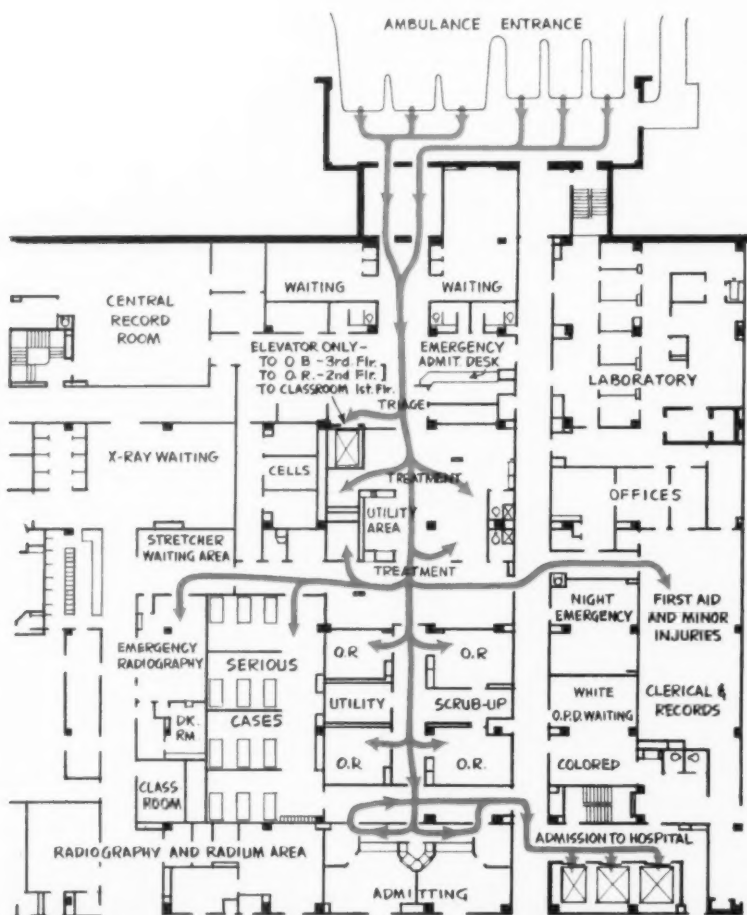


Diagram of part of the ground floor emergency area where patients were admitted during the tornado. Colored lines show the traffic flow from the six entrances to the triage section for sorting and from there to first aid, observation, surgical suite, or morgue as the individual case required.

were readily available for emergency duty, Mr. Scheidt reported, in addition to the devoted corps of regular hospital employees.

"Internal organization of the hospital for disasters followed rather closely the pattern set forth in 'Principles of Disaster Planning for Hospitals,' prepared by the committee on disaster planning of the American Hospital Association," Mr. Scheidt said, "except that we did not give as broad a distribution of the disaster program as was recommended. We preferred instead to follow the general theme that a disaster is a series of individual emergencies which happen to come in closely together. We followed a program which involved a limited number of generals, and more G.I.'s. Fortunately, the generals had a 'dry run' exercise just a few days before the tornado."

Work of the disaster teams in the emergency was described in the newspaper article as "swift and efficient." In the triage and emergency areas, patients were cleared for assignment to operating or delivery rooms or nursing floors and tagged for appropriate treatment including information as to the degree of urgency. "Furthermore, no patient went to a nursing floor or treat-

ment area without first having been cleared as to definitive care needed, with a physician assigned to see that such care would be given," Mr. Scheidt added.

Original plans for the hospital included a 14 bed postoperative recovery ward with private rooms for isolation and terminal cases—space that could be converted for emergency patients. In addition, all four-bed units were built with extra space to permit installation of a fifth bed, and sun porches capable of holding from four to eight patients in a combination of beds and wheel chairs were added to each division.

"In an emergency, these facilities could take care of nondisaster patients who could go home if their beds were needed," Mr. Scheidt explained. These facilities provided an estimated capacity of 150 beds for the whole hospital, which normally includes 600 beds, beyond the facilities in the emergency area itself. "The combination of these two major sources of beds for early emergency care and subsequent hospitalization was planned to provide for a total of 308 to 324 disaster victims without adding any space which did not serve a normal, useful function under ordinary operations," he said.

26 Hospitals Represented in Safety Exercise

AURORA, ILL.—More than 200 nurses and administrators from 26 Illinois hospitals took part in a hospital fire safety demonstration conducted at St. Joseph Mercy Hospital here last month by Lt. Robert McGrath of the Chicago Fire Prevention Bureau.

Sister Mary Assumpta, administrator of St. Joseph Mercy, said the demon-

stration marked the hospital's "graduation" in disaster preparedness from a purely institutional undertaking to one of civic participation.

In recent weeks, Lt. McGrath has presented similar demonstrations at Ingalls Memorial Hospital, Harvey, Ill.; West Suburban Hospital, Oak Park, Ill., and South Shore Hospital, Chicago.



Lt. Robert McGrath watches as nurses at St. Joseph Mercy Hospital, Aurora, prepare to evacuate "patient" from ward in which 10 fires are burning.

"Inasmuch as all patients did not arrive at the same time, and experience in past disasters shows that approximately 50 per cent of patients are discharged directly from the emergency facilities within a short time, it is reasonable to estimate that as many as 600 or 700 patients could have been handled without any major difficulty, as long as personnel was available," Mr. Scheidt added.

Only a few mistakes in planning showed up during the emergency, it was reported, and these were of a minor character. For example, the emergency kits prepared in advance for disaster victims included envelopes for patients' valuables and sacks for clothing. Kits were given to every patient, but only five of them used the envelopes for depositing valuables, Mr. Scheidt said. Hereafter, he said, the envelopes will not be included in emergency kits but will be distributed on an individual basis.

"The clothing sacks were also useless," he added. "The clothing they had left when they arrived at the hospital was practically worthless."

The best of plans will permit slip-ups, and one patient—"No one knows how!"—got up on the patient division without being identified in any way, and one baby was lost for half an hour until it was found in the mother's hospital bed. "She wasn't taking any chances on separation!"

While the tornado veered around the hospital itself, the worst destruction occurred "practically on our doorstep," Mr. Scheidt explained, and victims were brought to the hospital in ambulances, police and fire department vehicles and private cars. Many arrived on foot. Regular hospital personnel was assigned to provide information for relatives and friends, many of whom stood around for hours on the hospital grounds and in the hospital area, awaiting information about patients. However, there was no interruption or distraction of necessary emergency service caused by relatives or visitors, it was reported.

"All in all, it was a splendid performance by well trained and well disciplined personnel," Mr. Scheidt concluded, "and I am sure that all of them must have derived tremendous satisfaction from knowing they were accomplishing such a worth-while task during this tragic time. As for myself, I would not consider trading our organization for any hospital group anywhere!"

Nurses Evaluate a Suture Package

**Report of a study by operating room nurses and surgeons
on the efficiency, therapeutic effectiveness, safety
and cost of a plastic transparent package for sutures**

EDYTHE L. ALEXANDER, R.N.

TO PERFECT a new method of packaging sterile gut sutures in a transparent plastic envelope before marketing, a group of operating room nurses and surgeons in mid-1955 volunteered to appraise a new plastic gut package, testing its safety, therapeutic effectiveness, efficiency in personnel's performance, and cost saving.

Of the participating hospitals two were teaching centers, four were general hospitals, and two were specialty hospitals. This study does not represent the opinions of all operating room nurses and surgeons nor does it represent the average nurse's time spent in preparing sutures. However, the procedures followed in the hospitals selected represent a good cross-section of those procedures carried out in other hospitals of the same type.

USED CODED QUESTIONNAIRE

To compare the advantages and disadvantages of the new packing method in comparison with the glass tube, the nurses filled out a coded questionnaire. The same questions were asked whether glass tubes or envelopes were used. The questionnaire included the statement of the problem; its limitations; the principal assumptions to be made; the extent of the study; the criteria, including sampling, interviewing of hospital personnel, construction of time-and-motion studies of both prod-

ucts, and analysis of tabulated data collected during observations and interviews.

A nurse observer recorded the number of seconds each nurse spent in the preparation of sutures for the surgeon. The nurses also listed the problems encountered and their reasons why the glass tube or envelope helped to facilitate a more efficient performance and ensure greater safety to patients. They also recorded the number of glass tubes or envelopes dropped or damaged, and the number of packaged sutures remaining on the instrument table after each operation.

Since specific sizes and types of surgical gut are required for certain operations, each hospital group agreed to select 125 patients for the test when comparing sutures in glass tubes with those in envelopes. They also agreed to select not more than five patients who were to have similar types of surgery. Thus, each group during the two-month study would use sutures in glass tubes for one patient and sutures in envelopes for another patient with a similar condition, until they had collected data from 50 operations. The data showed that the average number and type of operations selected were: four or two hysterectomies, two or four hernia repair, four or two orthopedic procedures, two or four thyroidectomies, two or three cholecystectomies, four or two neck dissections, three or four gastrectomies and three or four chest operations. It was decided to compare the time spent by nurses in each hospital in preparing sutures

and to determine the average time of all the nurses in the eight groups.

During the operation, the time expended by the scrub nurse and by the circulating nurse was recorded by a nurse observer, usually the head nurse or supervisor. In some situations, however, the circulating nurse recorded the time in seconds on the questionnaire opposite each step of the procedure. Both nurses filled in the questions related to their specific duties, then listed their own opinions and suggestions to improve the envelope product or indicated why they believed the glass container was more efficient.

NURSING SKILLS NOT IMPORTANT

During the initial interview, the interviewer gave the nurses in each hospital a carbon copy of the study and emphasized that it was not intended in any way to evaluate their method of preparing sutures or the workers' skill in carrying out their duties, but rather to compare the efficiency and safety of the new method when being used under normal conditions. It was also emphasized that the results of this study would be more useful if the personnel in the operating room was not selected on the basis of technical skill, experience in operating room nursing, or length of employment in the operating room. The nurses who took part in the study had had varying years of operating room nursing experience and had been employed for varying terms in the specific hospitals. The operating room supervisor or head nurse in each hos-

Miss Alexander was formerly associate editor, *American Journal of Nursing*.

Chemical and bacteriological aspects of this study were conducted by Research Department of American Cyanamid Company, Surgical Products Division, Danbury, Conn.



FIG. 1



FIG. 2



FIG. 3



FIG. 4



FIG. 5

Nurses liked being able to open the plastic envelope with one quick snip of the scissors (Fig. 1), rather than using force and manually opening the tube in a towel or other device. They were relieved of the need to discard a gauze sponge, towel, or bag containing glass fragments. They also did not have to worry about cutting their gloved hands, thus causing a break in aseptic technic. After the nurse opens a glass tube, she must remove the strand of gut from the tube and then from the reel, all of which may lead to accidental damaging of the strand.

New method of winding strand and use of label. The coil of surgical gut is easily grasped and removed from the plastic envelope (Fig. 2), eliminating the danger

of damaging the suture strand or fraying it by contact with sharp edges of broken glass. There are no tiny splinters of glass to adhere to the suture itself. The danger of fine glass particles being carried into the wound is eliminated. Because it takes time to break the glass tube during the preliminary preparation for the operation, the nurse opened several glass tubes to have them ready for the surgeon. She placed the strands between the folds of a towel on the sterile portable stand or in a suture book on the sterile instrument table. Flexibility of the strand was lessened even if the suture was away from contact with the tubing fluid only a short time. More time was found to be consumed because sutures were immersed in saline to remove kinks.



FIG. 9



FIG. 10

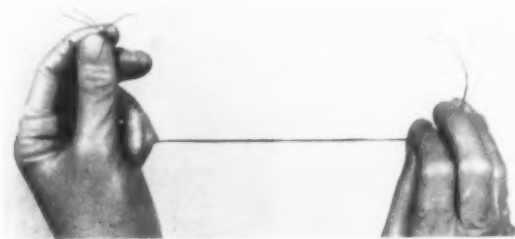


FIG. 11

Next, flexing her fingers over the strand, she grasps the two double free ends with her free fingers and thumb and brings the double ends together with the other ends of the strand (Fig. 9). Then she grasps the scissors and divides the double strand to make 4 ligatures (Fig. 10). The four strands are shown in Fig. 11. To divide the 27 inch double strand into three equal

lengths, the nurse turns the hand that is holding the two free ends of the strand so as to loop the strand back around her hand to the free ends (Fig. 12). She then grasps the scissors and divides the strand into three equal lengths (Fig. 13). Then she places the three lengths together (suture-ligatures) (Fig. 14). Because many nurses did not follow this method of

pital assumed the responsibility for her part in the study. She was given illustrative material on handling the suture in the envelope and was instructed once in the technic.

On the average four nurses in each hospital took part in the study. The figures representing the time-and-motion study are based on 154 operations. The problems in handling sutures and the nurses' and surgeons' opinions and suggestions which were tabulated represent eight hospital groups.

Briefly, in the new type of packaging which was studied, the individual

surgical sutures are sterilized and hermetically heat-sealed in a rough transparent plastic envelope containing a sterile tubing solution. The sterile packages are overpacked in a wide-mouthed jar one-half the size of a standard tube jar that contains a new, nonirritating jar solution. With this type of small packaging, the surgical suture is not wound on a fiber reel, but forms a large loop. The coiled gut strand is held flat in a folded label on which is clearly printed the necessary information. The flat label is printed on both sides.

Of special significance is the entirely different jar solution that has been provided. Formaldehyde, the standard jar solution, is a toxic chemical damaging to sutures and to the patient's tissues. Nurses must constantly be alert to avoid splashing the formaldehyde solution on their hands or into their faces and eyes. This disadvantage has been accepted because formaldehyde, if used in strong enough concentration for a proper length of time under the aseptic technic followed in hospitals, is adequate for sterilizing glass tubes and, since glass is imper-



FIG. 6

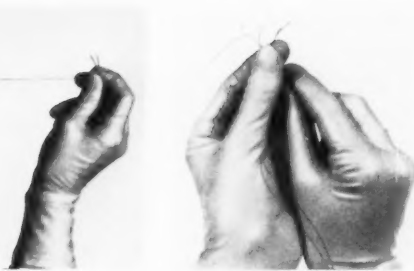


FIG. 7



FIG. 8

The nurses did not open as many plastic envelopes ahead of time as they did glass tubes. During surgery, because of the folded flat label which appears on both sides of the envelope, the nurses could quickly select the size of suture needed. Because they left the label around the opened strand, it was easy to check the proper size. This check-back is impossible when the label is in a tube or on a reel that has been broken or discarded (Fig. 3).

Method of handling strand in plastic envelope. The nurse holds the side of the coiled strand in one hand, between her thumb and index finger, and with the label's folded edge down so that the two separate ends and the double end of the strand are free and upright.

Then she removes the label (Fig. 4). Next, she grasps the doubled end of the coil with her free hand and slides the thumb and index finger of the other hand onto the free ends, leaving the coil hanging free (Fig. 5). Quickly pulling her hands apart, the nurse straightens the double strand (Fig. 6).

The nurses reported that they found that they could easily divide the double strand into lengths for sutures, free ligatures, or suture-ligatures. To prepare the ligatures, the nurse brings her hands together and places the folded end of the strand between the index finger and thumb that are holding the free ends as shown in Figure 7. When she is preparing sutures, the double strand is cut as illustrated in Figure 8.



FIG. 12



FIG. 13



FIG. 14

preparing sutures, their time performance was longer than that determined by the study. However, 95 per cent of the nurses stated that the strand which was wound in a coil in the plastic envelope was easier to handle than the strand wound around a fiber reel in a glass tube. All nurses accepted folding of the strand at the 27 inch mark as a substantial improvement over

the regular continued wind. With no tubes to break, and less preparation required, nurses were able to open most of the packages and prepare the suture just before it was needed. In caring for many patients, they only opened one or two envelopes during preliminary preparation for the operation.

(Picture Story Continued on Next Page)

vious, no hardening or damaging of the suture occurs. The use of plastic, however, is a different story. Laboratory tests show formaldehyde gradually penetrates a heat-sealed plastic envelope.

The envelopes used in this study come to the operating room stored in a jar solution of 6BB or hexamethylene (bis-5-[p-chlorophenyl] biguanide) diacetate which is considered to be an effective germicidal agent of low mammalian toxicity (2-4). This guanidine preparation is also considered nonirritating to human tissues

and skin and sufficiently bactericidal and sporicidal to provide an adequate margin of safety if controlled conditions are carried out in the operating room.*

Half of the nurses stated they had difficulty in breaking tubes without having glass particles fall on the sterile table. The majority of the group also stated that when they were hurried

*Davies, G. E., Francis, J., Martin, A. R., Rose, F. L., and Swain, G.: 1:6-Di-4'-Chlorophenyldiguanidohexane ("Hibitane"). Laboratory Investigation of a New Antibacterial Agent of High Potency. Brit. J. Pharm. and Chem. 9: 192. 1954.

during the operation, the glass tube was a worry to open; 25 per cent of the group reported that in order to break a tube, they had to leave the surgeon at a critical time. The data indicate that the envelope provides a more efficient and safer method of handling sutures and thus helps improve the care of patients.

The narrow confines of the glass tube make it necessary to use a fiber reel around which the gut is wound, causing bends at the point of winding. Because of the bends, from 75 to 100 per cent of the nurses reported dif-



FIG. 15

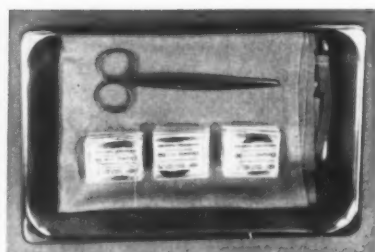


FIG. 16



FIG. 17



FIG. 18

The study showed that the nurses used fewer body movements to transport several plastic envelopes of the same kind (Fig. 15), and less time was required to transport envelopes than glass tubes. In fact, they could grasp and remove up to eight envelopes at once. The gloved and gowned nurse found that the flat plastic envelopes could be neatly arranged in separate groups according to size and kind as the circulating nurse transported them to the sterile dish. This cannot be done with round glass tubes that roll. They also stated that because of the shape and size of the envelope less room was needed to store them, thus leaving more space in the sterile basin for other materials (Fig. 16). In developing the new plastic envelope packaging, a step-by-step method analysis—time and motion—was made of opening a suture tube prepared from a can

or jar in comparison with opening an envelope from a jar. A visual comparison of the steps and time required is illustrated in Figs. 17 and 18. It was determined that an average inexperienced worker, working in an average situation at a normal speed, took a mean of 89 seconds to carry out the 13 steps required for opening the tube (Fig. 17). Only 38 seconds were used to carry out the seven steps needed to open the envelope (Fig. 18). Nurses taking part in the studies had from one to three months' to five to five and one-half years' experience in the operating room. Although nurses, with repeated practice, may shorten the time required for some of the steps in the tube method (as is also true with the envelope) compilation of the data from the time-and-motion studies shows that experience apparently has little influence on the time required to prepare sutures.

difficulty in removing the suture from the reel. This is not a simple maneuver at any time and is often exasperating when the nurse is hurried. The data from two questionnaires show that the nurses had to cope with suture kinking as many as four to five times, and six other questionnaires noted that kinking occurred once or twice during an operation. A few nurses placed the suture in sterile distilled saline to improve flexibility and then removed the kinks.

If the strand became kinked, one group of suture nurses tried to straighten it out as fast as possible or at least salvage the part that was not too hopelessly knotted. However, to do this they had to pull the strand and run their hands over it. Exerting pull or jerking the suture suddenly destroys its elasticity; this in turn causes the strand to break when under slight tension in the wound. Damage to the suture strand during the unwinding process cannot be determined beforehand.

With reel-wound gut, the nurse must first unwind a 54 inch long strand and then must handle an awkward length suture which may snarl when it is divided into desired lengths.

The nurses who used the new envelope method of packaging found

that the strand seldom kinked in unwinding because there is no reel to remove. The strand uncoils and straightens readily and requires less handling because it is doubled to a 27 inch length.

In analyzing the data recorded on the questionnaire sheets, the nurses' comments indicate that the envelope packaging is superior to glass tubes. During this study, 235 operating room nurses made 200 different comments on the advantages afforded by envelope packaging. Comments similar to these were repeated 100 or more times.

Nurses frequently found that valuable time was lost in trying to extract tubes packed too tightly in the jar, whereas they had no difficulty in removing plastic envelopes from storage jars because they are less bulky and weigh less than a glass tube. Glass tubes have a tendency to slip from the transfer forceps. Because plastic envelopes are less fragile than glass tubes and under normal handling will not crack, their use relieved personnel of the worry of dropping and breaking glass tubes during transport to or from the storage jars.

The suture supply is more readily accessible because the mouth of the jar is larger. It is one-half the size of

the standard storage jar and weighs half as much. Nurses with small hands had no difficulty in holding this jar as they removed the envelopes from it. Because the storage jar has an easy-to-read label with large print, the nurses found it was easy to select the correct jar when removing and returning envelopes. It was also reported that labels on both sides of the envelope helped in identifying the types and sizes of sutures used during an operation.

Because it is so simple to get plastic suture envelopes from the jar at any time during surgery, there is no necessity for removing excessive numbers when preparing for the operation. This study showed nurses transported fewer envelopes than glass tubes to the sterile table for the same kind of operation. It was found that less than 5 per cent of the total number of envelopes placed on the table remained unused. With plastic envelope packaging, nurses do not feel so insecure. As was noted in the study, they opened envelopes, on an average, in approximately 38 seconds as compared with 89 seconds for tubes. This saving in time would tend to decrease the number of sutures the nurse opens in preparing for the case just so she would have them ready.

COMPARISON OF TWENTY-FIVE CIRCULATING TEAM MEMBERS' TIME TO OPEN JAR AND TRANSPORT SIX ENVELOPES AND SIX TUBES

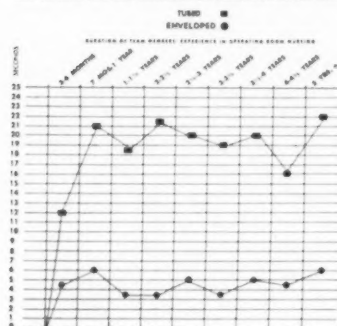


FIG. 19

SCRUB NURSES' TIME TO PREPARE SIX TUBED AND SIX ENVELOPED SUTURES AS RELATED TO EXPERIENCE

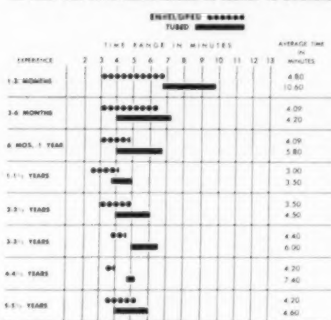


FIG. 20

SUMMARY OF TIME SAVED WITH ENVELOPED STERILE PACK COMPARED WITH TUBED SUTURES

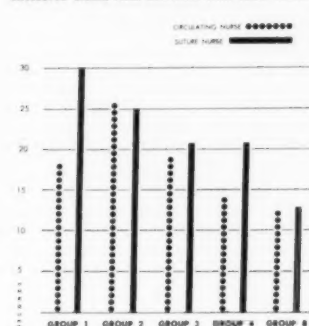


FIG. 21

Circulating nurses with from three to six months' experience transferred six tubes as quickly as those in the group with five years of experience (Fig. 19) did. Data indicate that preparing sutures from plastic envelopes is a skill which is easily learned. The time needed by nurses in all of the hospitals in accomplishing this procedure was compared to their experience in operating room nursing. It should be noted, however, that about 25 per cent of the nurses with more than two years' experience had only been in their present positions from one to three months. Scrub nurses with only one to three months' experience in operating room nursing

appeared to have not yet mastered the glass tube technic, requiring an average of 10 2/5 minutes to prepare six sutures from tubes as compared with the average time of 4 3/4 minutes required by nurses with more than five years' experience (Fig. 20). However, the inexperienced group prepared six sutures from envelopes in an average of 4 4/5 minutes—a saving of 5 3/4 minutes or almost one minute for each suture made ready. Even in the nurse group with four to four and one-half years' experience, 3 1/5 minutes were saved in opening six plastic envelopes. A summary of time saved is illustrated graphically in Fig. 21.

This saving with plastic envelopes can be further increased since from one to eight envelopes can be picked up at the same time with the transfer forceps and removed from the jar to the dish. Suture tubes must be removed and transferred individually. Thus, in preparing six sutures of the same size, the nurse may save 41 motions of the 78 required for tubed products. With six tubes, the jar is opened only once but all other steps must be followed individually, giving a total of 73 motions. With six envelopes, the jar is opened only once and six envelopes are removed in a single motion, giving a total of 37 motions.

Translating steps saved into the number of seconds that each requires shows that almost 33 1/3 per cent of the time average workers spend in preparing sutures can be saved when the envelope method is used.

In caring for suture material at the end of the day's schedule, nurses spent less time in resorting unused packages because there is no turning of envelopes to see the kind and size of suture, as must be done in the case of the glass tubes.

The unused plastic envelopes are collected and sorted to size. Then they are returned to the storage jar contain-

ing the special jar fluid for the designated time. In the presence of gross contamination, the package is not returned to the fluid jar but discarded. This rarely happens when the envelopes are placed between the folds of a sterile towel. Nurses reported that it is easier and takes less time to return plastic envelopes to the jars than to return tubes. Further, more envelopes than tubes can be stored in a jar and still provide space to manipulate the forceps to remove the envelopes.

It was the opinion of the nurses that waste resulting from dropped tubes averaged two per jar and at least one more was lost per jar because of damage to the gut while the tube was being opened or the gut was removed from the reel. The elimination of this waste saves the hospital \$1.26 per 3 dozen suture tubes if tubes cost 42 cents per tube.

Plastic envelope packaging also eliminates puncturing of gloves by glass as well as the need to provide towels or gadgets to hold the tubes during breaking. In this study it was noted that about 30 per cent of the nurses' gloves were torn by glass.

The establishment of an entirely new nurse pattern of suture handling technic as shown in this study alone is a major contribution of plastic en-

velope packaging, not only in terms of more nurse-time available for the care of patients, but in the shortening of time required to teach nursing students, beginning nurses, and technicians.

This study has afforded an opportunity for operating room nurses to help a manufacturer furnish a product designed to provide safer and more efficient service to the patient. The response of nurses selected has been gratifying. In this type of clinical trial, less than 15 per cent reported indifference to the new package. About 3 per cent were unfavorable, but all others stated it offered many advantages.

The opinions of the surgeons in this study supported the nurses' reaction to this type of packaging. The surgeons' comments were:

The new plastic envelope provides greater safety because the strand cannot be damaged by glass.

The bends and kinks are eliminated, thus facilitating easier suturing.

Because the plastic envelope was opened just before the strand was used, flexibility was retained.

The strand handles very well, appearing to retain its flexibility and excellent feel for a longer time than the standard tubed product.

Step-by-Step Approach Saves Nurses' Steps

The problem was to make an awkward, unworkable nursing unit efficient. The solution resulted from identifying all the things that had made it awkward and unworkable and correcting them

When they see a problem at St. Luke's Hospital, Cleveland, they set about correcting it in systematic fashion, under the direction of the methods engineering department. A case in point is the remodeling of a nursing division, described here, which has saved floor space, reduced nurses' fatigue, and improved patient care.

Notes on the Remodeling of 3 East Nursing Division Before

The need for remodeling the division was apparent because of several well recognized unsatisfactory conditions.

1. The nurses' station and the utility room were located at one end of the L-shaped division. Walking distance of some 175 feet from the nurses' station to the patients in the far end of the division was considered too much. It was felt that the patient care suffered.

2. Several of the adjoining rooms were sharing toilet facilities. This situation created various problems for the admitting office.

3. The division had a relatively low capacity: 21 beds.

Indicated Action

Identification of the shortcomings of the division indicated the solution of the problem.

The area occupied by the women's board was given over to the division. This increased the usable floor space by some 650 square feet in the area best suited for a nursing station and utility room.

Action Taken

The first step was to have drawings of the present layout prepared. The equipment and space being used were analyzed.

A study of the tasks being performed in the nurses' station was made.

Again, identification of the work and problems indicated the solution.

What was needed was an area where the following functions could be performed:

1. Work space for the division secretary adjacent to the nurses' call system
2. Work space for charting

FLOOR PLAN BEFORE: Walking distances were too great between nurses' station and patients at other end of section.



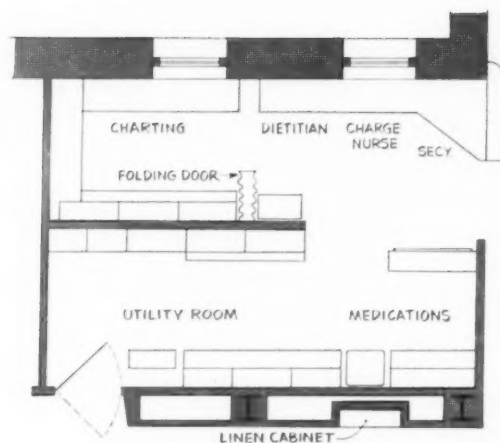
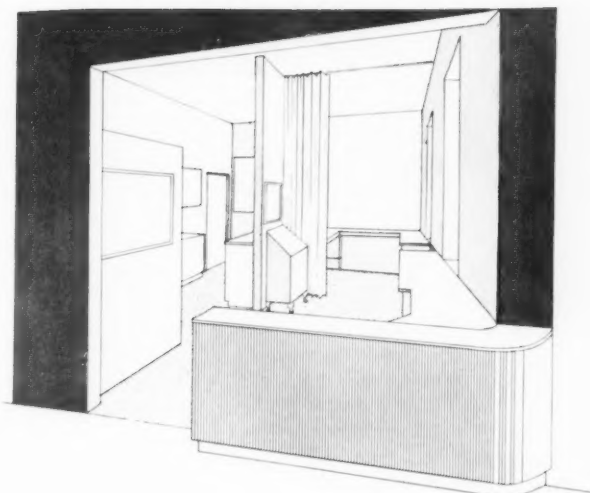


Diagram of the remodeled nurses' station, showing arrangement of utility room and medications section in relation to the other areas. Having everything near reduces fatigue.



Artist's rendering of the nurses' station, shown in color on this month's cover. The charting area can be closed off by folding doors to provide privacy for conferences.

3. Work space for the doctors
4. Area for reports, conferences, and discussion
5. Work space for the dietitian
6. Storage space for supplies and equipment
7. Work space for preparation of medications
8. Work space for clean-up
9. Sterilization facilities
10. Service sink for disposal
11. Bedpan washing facilities

Wherever possible we tried to eliminate the task or, if possible, we tried to combine functions.

Several schemes were prepared and submitted to the director of nursing for comment. Meetings were arranged with representatives of all groups using the proposed facilities. Out of these discussions evolved the final plan.

After the final physical layout was determined, the painting foreman, the housekeeper, and members of the nursing staff met and selected color schemes.

Critique of Final Plan

We were able to provide functional areas for all tasks that are performed on the division.

The charting area can be closed off by means of a folding door to provide a private area for conferences and reports.

By locating the hopper sink in the janitor closet we were able to achieve a clean utility room and also create a unit to do double duty.

Bedpans are washed in the toilets adjacent to each room.

Supervision of the unit has been facilitated.

Savings in floor space of some 130 square feet, approximately 27 per cent, compared to separate nurses' station and utility room.

We believe that the central location of the nursing station has improved patient care. Further, the kitchen-like layout with everything close at hand has reduced fatigue.

FLOOR PLAN AFTER: When final plan evolved, nurses' station was centrally located and seven beds had been added.



Purchasing Is a Problem in Logistics

Getting the right material to the right place
at the right time and at the right price is the
essence of a successful purchasing program

LAWRENCE BRETT and ALFRED E. SCHLEF

THE art of purchasing is having the right material at the right place at the right time at the right price.

WHAT IS THE RIGHT MATERIAL?

The right material is material which will do the best job at the cheapest unit cost, when used by persons with proper skill under proper conditions.

Many hospitals have set up standardization and simplification programs to determine the right material for each particular need. Great care is taken that no product will be eliminated if it is truly needed for patient care. Standardization is usually achieved through a committee representing the various departments, with the purchasing agent acting as a liaison officer between the committee and the administration. Most of these committees discover quickly that as techniques and products have been improved, certain antiquated items have remained in use and can be eliminated. Furthermore, many items that overlap in function can be eliminated by such a committee. Once all the items in use have been reviewed sufficiently to eliminate overlapping materials and

technics, the committee can change its function to that of studying new methods and materials that may offer promise of further cost reduction.

The total number of inventoried items at Bethesda Hospital, Cincinnati, as a result of the standardization and simplification committee's work, was reduced approximately 30 per cent. For example, an inventory including 22 sizes of hypodermic needles was reduced to six sizes; 16 sizes of wrappers were reduced to three; six sizes of drape sheets to four. Many drug formulary committees in hospitals have found that they were able to reduce from 15 to 50 different kinds of barbiturates, under various trade names, to three basic types—namely, slow acting, medium acting, and fast acting. Simplification and standardization programs for drugs and all types of consumable items will produce worth-while savings.

After the right material for each particular job has been determined, specifications can be written cooperatively by the using department and the purchasing department. The specifications should be of such a nature that they describe what is needed to do a particular job. The purchasing agent then has the job of finding the material that will fall within the specifications.

When it turns out that there is no material available which meets specifications, there may be three possible

reasons: (1) The specifications do not describe the material needed; (2) the technic for using the material is wrong, or (3) there is a definite need for the development and merchandising of new material. In any case when specifications and available material do not match, the purchasing agent and using department must restudy the specifications.

BE EXPLICIT IN SPECIFICATIONS

Specifications must be explicit. On an item such as a surgeon's scrub gown, the material to be used should be named and the qualities required of it should be described in detail, including the color, the type of sewing thread, the number of stitches per inch, the size of the gown, how it is to be marked, what it is to be marked with, the type of sleeves, the length and width of the belt if one is specified, and how the belt is to be attached. The specifications at Bethesda Hospital for this particular item are two typewritten pages in length, yet there are many manufacturers who have gowns that fall within these specifications.

Specifications must also comprehend all the conditions under which the right material will be used. For example, interchangeable syringes will work satisfactorily under the proper conditions, when the hospital has a central sterile supply department that is equipped with syringe washers, autoclaves and a supply of soft water. The

The authors are, respectively, superintendent and purchasing agent, Bethesda Hospital, Cincinnati.

This is the first section of an article by Mr. Brett and Mr. Schlef on the nature of hospital purchasing. The second and concluding section will appear in the June issue.

interchangeable type of syringe will not work as successfully when the hospital has decentralized floor sterilization, boils the syringes, and has hard water. Unless the syringes are absolutely clean under these conditions, they will stick. Under proper conditions, however, they save not only material costs but also labor costs, because they do not require matching. These conditions of use will determine which type should be specified.

PERSONNEL MUST BE TRAINED

Specifying the right material alone is not enough; the right material must also be purchased, received, inspected, stored and issued—all under carefully controlled conditions. Receiving and issuing personnel must be well trained, or much of the work done on purchasing the right material may be wasted.

If the receiving clerk accepts items that fall below specification quality, for example, the specifications are worthless and the time spent in preparing them has been wasted. Some suppliers may take advantage of unsuspecting or careless buyers, and even the most honest suppliers have clerks who make errors and pull the wrong items from the shelf.

Certain items are now government graded to protect the buyer; examples are U.S. Government grading of eggs and meat, and state or city standards for milk. In the case of other materials, careful inspection by the receiving clerk is required, but the use of proper inspection technics will always save time. On such an item as textiles, for instance, it is not necessary for the receiving clerk to count threads if he is equipped with samples of the materials that have been ordered. Using a lighted magnifying thread counter, he can place the sample against the material received and easily see if they are identical. If a drape sheet is specified as 2 ply, type 140 sheeting but a 2 ply, type 128 is received, this simple comparison will make it obvious to the receiving clerk that the material is not right.

The receiving clerk's and dietitian's knowledge of foods, meat and produce are essential. Given the choice between a U.S. Government *prime* steak and a U.S. Government grade *good* steak, many people would not know which to choose. The receiving clerk should also know the acceptable length of the rib on a rib roast and be able to tell whether hams are long or short cured. Of course, receiving clerks

should have full specifications of all items to be received.

Receiving the right quantity is just as important as receiving the right quality. Some hospitals, like some industries, feel that if the quantity to be received is not shown on the receiving department's copy of the purchase order, the receiving clerk will be forced to count everything that comes in. But most suppliers today include packing slips with their shipments, showing their count on the items shipped, and if the receiving clerk is so inclined, he can write a receiving report from the packing slip without counting the items. Unless he knows what was ordered, the clerk will never know if the shipment received is partial or complete.

In some cases, weight can be used to check quantity—not just of items that are purchased by the pound, but also those that are purchased by number. Thus it would be ridiculous for a receiving clerk to open each box of bolts and count them, when he can weigh the boxes. An intelligent receiving clerk is important to the whole hospital organization; care must be taken that receiving employees know their jobs and are of a caliber that cares enough to do the work well.

Most hospital administrators are aware of the importance of having the right material. Through the cooperative efforts of administrators, department heads, purchasing agents, manufacturers and suppliers, hospitals are

constantly seeking materials which will help reduce their labor cost and give better patient care.

WHAT IS THE RIGHT PLACE?

For any material at any time, the right place may be any one of the following: on order, in supplier's stock, in transit, in stores, in transit within the hospital, in departmental stores, or in use. Place always involves space in three dimensions which takes dollars and cents to build and maintain. In some hospitals the space used to store materials might be used for additional patient facilities and hospital income, or money tied up in inventories could be used more effectively for other purposes. Therefore the matter of space for supplies is a highly important factor which must be considered carefully by the hospital purchasing agent and administrator.

At Bethesda Hospital we have developed a system that we refer to as "synchronized purchasing" which is a technic of timing, flow control, and distribution. This system includes (1) standardization and simplification of stock items, (2) master control, (3) measured issue, and (4) correlated purchase.

Standardization and simplification have already been discussed. Master control is an inventory control system which combines perpetual inventory and other information such as an issue record by months and years. These issue reports showing monthly

Price Vs. Cost-in-Use

Presumably, there is no way to change a baby's diapers by machine. There is, however, a diaper which reduces labor costs. This particular diaper uses snaps instead of safety pins. Wider at one end than at the other, the keystone shape eliminates necessity for folding. The material is three ply. The price of this diaper is higher than that of the conventional diaper. By changing to the keystone-snap diaper, however, we were able to relocate one person from the "diaper processing crew" in the nursery and reduce the time spent by others changing diapers. This reduction in labor costs not only pays the price differential in diapers, it pays the entire cost of the diapers. We have now been using these new diapers for three years, and have confirmed our original estimate that they would last longer than the diapers we were using previously. By longer wear alone, the new diapers have reduced the material cost below that of the diapers we were using before.

—Lawrence Brett and Alfred E. Schlef

totals for each item processed in central sterile supply are important, particularly when a department has an increase in requests for a particular item. Unless the number processed by central supply has increased in proportion to the request and in keeping with census figures, the quality of the product as well as waste, walk off, and misuse of products should be checked. Laundry reports, daily census, and many other control figures are all of value in keeping the right amount of material in circulation.

Measured issue is the issue of supplies to various departments at definite time intervals in order to keep the department stock at a set level. The predetermined standard inventory for each department varies in direct proportion to the actual census. The laundry and central supply departments provide a daily pickup and delivery service to each floor, with a standard supply for each floor. At each pickup time, the floor supplies are brought up to standard. The service offered by laundry and central supply is commonly known in the hotel business as "keeping a par stock." This service, which is performed by nonprofessional personnel, saves the time of professional personnel, which is relieved of the daily task of checking and ordering supplies.

Correlated purchases is buying on long-term (six month to one year) purchase contracts with shipments arriving, in the same quantities and at specified times, as in measured issue within the hospital. This system helps manufacturers and vendors forecast their sales. A minimum reserve stock is kept in hospital stores to cover unforeseen usage which may be caused by equipment breakdowns, unusual breakage, supplier plant or transportation strikes, and local disasters. On measured issue items the stock carried is 30 days' supply or less. On exceptional items that follow no particular usage pattern a 90 day supply is carried. The entire hospital inventory runs from 32 to 44 days at normal census, with an average of 37 days. Prior to the adoption of this system, we found it necessary to carry a 90 day stock in order to keep our paper work at a minimum; now we have less stock with less paper work.

WHAT IS THE RIGHT TIME?

Having supplies available at the time they are needed involves consideration of the date the order is placed,

the lead time required to obtain the material, the time the order is received, and the time the material is put into use. Lead time is the interval between the date that an order should be placed, to make certain that the material is received at the time it is needed under current market conditions, and the date it is received. If stainless steel items require 30 days from the date of placing an order to the receipt of the material, the lead time is 30 days plus a margin of safety for delays in shipment and other factors that may delay an order. Some items have seasonal variations; there are many sources of information that show market trends and seasonal variation. Government publications such as the *Survey of Current Business* of the U.S. Department of Commerce, and many market surveys published by the U.S. Department of Agriculture are available at nominal cost.

The lead time and reserve stock must be correlated. As the lead time increases, the reserve stock must be increased to cover shortages, and as the lead time decreases, the stock may be decreased. When shortages occur lead time must be greatly increased, but it may not always solve the supply problem. During a prolonged shortage in industry, most manufacturers are able to substitute a similar material for one in short supply, or manufacture other products not affected by the shortage. In the hospital field there are a number of items for which there is no substitute. These items must be carried in stock in sufficient quantities by hospitals to cover possible shortages and local disasters. There are no substitutes for oxygen, blood, hypodermic needles, esophagus tubes and many other items.

The time an order is received involves, among other things, transportation time. If the order is not placed far enough in advance so that the shipment can come via the cheapest freight, the added cost of fast freight, express, air express, or air freight may add measurably to the unit cost of the item.

Another phase of receiving time is the actual time spent by the receiving clerk processing the material when it arrives. It must be checked, weighed and inspected, and receiving reports must be filled out and delivered either to stores or the using department. Many products used in hospitals deteriorate, and the dates they are stored either in stores or on the shelves in a particular department must be care-

fully controlled. Often it is important for them to be put into use as soon as possible. Items such as antibiotics and x-ray film have expiration dates. Rubber goods, adhesive tape and carbon paper deteriorate if stored in too warm an area. Textiles are subject to deterioration from insects, mildew and dry rot. All these elements of timing need to be considered. Proper timing also involves the planning time prior to issuing a request for bids. New products must be evaluated, for example; anticipated change in technics must be considered in regard to material needed.

In addition, good purchasing practice frequently requires time to permit full-line bids. Full-line bids are one-time bids on everything used by the hospital in a particular line. Examples of this are all paper supplies, all textiles and all housekeeping supplies. Although we have not been able to request bids on all surgical supply items at one time, we have been able to place on one bid all gloves, needles, syringes, catheters, rectal tubes, glove powder, cold sterilization solution, and surgical blades.

The purchasing agent should spend enough time with hospital department heads to learn as much as possible about their supply and equipment needs. This saves the time of department heads, purchasing agent, and salesmen. Salesmen are seen by the purchasing agent throughout the year to keep him in contact with changes and advances in products as well as miscellaneous information about price, supply service, and other aspects of purchasing and using supplies.

WHAT IS THE RIGHT PRICE?

Price is simply what you pay for something. There are many prices, but the price the hospital buyer is interested in is the cheapest unit usage cost of the right material at the right place at the right time at the right purchase price. The unit usage cost for any item will vary from hospital to hospital depending upon physical layout, personnel, technics, equipment and other factors. An item that will produce a cheap unit usage cost at one hospital may produce a high unit usage cost at another.

In the second section of this article we will analyze the problem of price versus cost-in-use in detail, as well as the purchasing agent's relationship with the administration and with his fellow department heads.

GP's Gaining in Hospitals of 24 States, Losing in 10 States, Dr. DeTar Reports

ST. LOUIS.—Conditions for general practitioners on hospital staffs are improving, Dr. John S. DeTar, president of the American Academy of General Practice, told the academy's congress of delegates in his presidential address at the ninth annual scientific assembly of the academy here last month.

Ninety-eight correspondents from 46 states reported on the subject of hospital privileges for general practitioners, Dr. DeTar said. Of these, 34 said conditions for general practitioners had improved during the last year, 53 said conditions remained the same in 1956 as in previous years, and only 11 said that "arbitrary discrimination against generalists in the matter of hospital privileges" had increased.

After hearing reports from Dr. DeTar and the academy's commission on hospitals, the delegates directed the commission to study the present method of appeal to the Joint Commission on Accreditation of Hospitals for redress in cases of discrimination against general practitioners, in an effort to find a better method.

In another action, the academy instructed its hospital commission to "continue to seek approval" by the Joint Commission of an alternative standard for hospital staff meetings that would permit a general practice department to conduct its own clinical meetings.

The delegates also approved a new definition of general practice: "General practice is that area of medical care performed by a doctor of medicine in those fields of diagnosis and therapy commensurate with his professional competence, assuming a total continuing responsibility for the health of the individual or the family as a unit."

Also approved was a new policy statement on surgical privileges, providing that: "Upon completion of a two-year residency, which includes

surgical training, a physician may be qualified and should be granted privileges to perform preoperative and postoperative care, minor surgery and emergency care and procedures. Elective operative procedures will be done under supervision of a member of the surgical staff until defined privileges are approved by the staff."

In his report to the delegates on hospital privileges for general practitioners, Dr. DeTar described specific conditions in a number of localities where academy members observed improvements in the standing of the general practitioner. Noting that these reports of improved conditions came from 24 different states, he added:

"In these testimonials, we have noteworthy examples of improved hospital conditions, cooperation of specialists with generalists, proportionate representation of generalists on hospital staff committees, entire states with not a single case of undue restriction reported in an entire year, reestablishment of general practice departments in hospitals, and much evidence of the rehabilitation of the institution of general practice throughout the country."

CONDITIONS WORSE IN 10 STATES

The report also included specific instances of discrimination against general practitioners as revealed in communications from the 10 states where conditions were reported to be worse than they were a year ago, chiefly including instances in which general practitioners lost their surgical privileges.

"A review of these reports indicates a strong tendency in some areas to exclude the generalist from the operating room regardless of demonstrated competency and in spite of the pronouncements of the American Medical Association, the American College of Surgeons, and the Joint Commission on Accreditation of Hos-

pitals," Dr. DeTar concluded. "If we are to be completely honest with ourselves, we must admit that withdrawal of surgical privileges from physicians who have enjoyed them for many years is today a widespread practice."

Finally, Dr. DeTar reported that officers of state chapters of the academy had made a number of recommendations for improving the position of general practitioners on hospital staffs. Among those he described were:

1. Local conferences among general practitioners, specialists and hospital administrators and trustees. The conference method had been used successfully in Tennessee and Indiana, it was reported.

2. Development of in-hospital sponsorship training for general practitioners, and an attempt by liaison with medical and surgical specialty groups "to arrive at a common basis of understanding leading to the development of a code which may serve as a model for state and local chapters in this important field of postgraduate education."

3. Improvement in the method of appeal to the Joint Commission for redress in cases of unjust discrimination in hospital relationships. (This recommendation was later approved by the congress of delegates.)

4. Employment of a physician "of high qualifications" to serve as secretary of the academy's commission on hospitals, one of whose functions would be to render guidance and assistance to state and local chapters, aiding members involved in hospital staff relationship problems.

Nearly 5000 physicians attended the academy's scientific assembly, it was reported. Dr. Holland T. Jackson, Fort Worth, Tex., was named president-elect by the delegates. He will succeed Dr. Malcolm E. Phelps of El Reno, Okla., who became president during the assembly.

This is the last in a series of articles on

HOW TO READ BLUEPRINTS

J. M. BARROW, C. P. ATKINS and J. P. GRAHAM

Atkins, Barrow & Associates
Architects and Engineers, Urbana, Ill.

THREE parts of a set of blueprints come under the jurisdiction of engineers. They are: (1) the structural parts of the building, which include the structural framing and the footings and foundations; (2) the mechanical features, *i.e.* plumbing, heating and ventilating, and (3) electrical.

First, we shall examine the structural elements in the order in which they normally appear in blueprints: footings and foundations and structural framing.

Footings are concrete "feet," placed in the ground and sometimes reinforced with steel bars, on which the foundations and the subsequent building load are placed. Here is where the information gained from the soil borings noted on the title sheet is utilized. Engineers determine by tests the load carrying capacity of the soil beneath the proposed building. This information, together with the weight of the

building, determines the size, design and number of the footings. Building weight is measured in terms of "dead" and "live" loads. Dead load is the stationary weight of the building itself and the permanently fixed equipment. Live load is made up of movable equipment in the building and human beings who will use it.

Foundation walls serve as a base on which the building is built and carry the load of the building to the footings and earth below. These walls must be strong enough to resist the side pressure of the earth. Steel reinforcing bars are used in foundation walls, which are deep into the ground to offset the extra heavy earth pressure. Another function of the walls is to keep moisture out of the underground parts of the building. Usually a waterproofing compound is applied to the exterior surface of foundation walls.

Most hospitals are of masonry con-

struction with poured concrete for both footings and foundation walls. Foundation walls are anchored into a slot in the footings called a "keyway" to prevent side movement. Masonry walls are laid directly onto such foundation walls while steel columns, which form a part of the structural framing of the building, are fastened to the foundation by means of a steel base plate and long steel anchor bolts.

FOOTINGS AND FOUNDATIONS

Shown on the opposite page is part of a footing and foundation plan with large-scale detail drawings.

In the plan drawing the dotted portion represents the foundation walls. The other areas extending on either side (shown with dashed lines) are the footings on which the foundation walls are built. Except where pipe trenches are noted, the concrete floor slab of the building is poured directly onto the earth over a layer of compacted gravel. The type and thickness of this gravel "fill" is described in the written specifications.

Note the projections (called pilasters) in the foundation walls on which load supporting columns are to be placed. The isolated "pier" near the center of the drawing is for the same purpose. Circled letters and numbers, *i.e.* ⑥ and ⑦ are for column identification.

The detail drawings show how a column and its base plate are attached to the foundation wall and how the pipe trench is constructed. The concrete notes give additional information for the contractor which can be found also in the written specifications.

STRUCTURAL FRAMING

The putting together of the various structural elements of a building—walls, columns, beams, trusses and so (Continued on page 78)

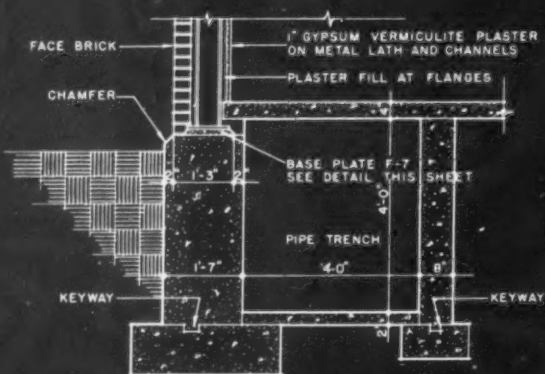
FOOTINGS AND FOUNDATIONS

QUESTIONS

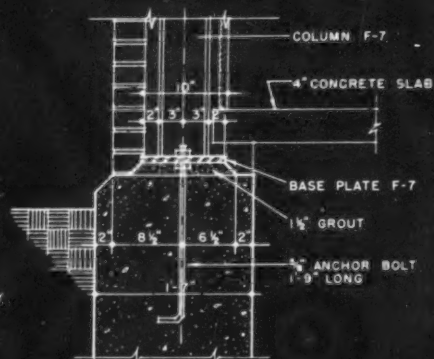
1. How thick are the exterior foundation walls? The inner pipe trench walls?
2. How thick are exterior wall footings? Pipe trench wall footings?
3. What are footing dimensions where columns occur along exterior wall line? At "pier"?
4. How is column base plate fastened to foundation wall?
5. Where are keyways found? Why?
6. Under what condition is the floor slab more than 4" thick?
7. How thick is the pipe trench floor?
8. How thick is the grouting used?
9. How many column bearing locations are indicated?
10. What is the specified compressive strength of the concrete?

ANSWERS

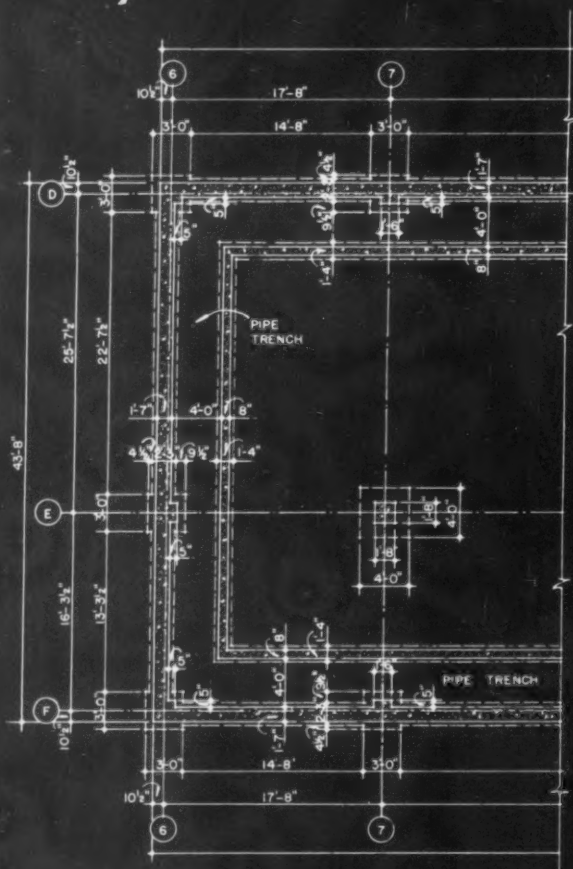
1. 1'7"; 8"
2. 2'3"; 1'4"
3. 3'0" x 3'5"; 4'0" x 4'0"
4. By means of a 5/8" steel anchor bolt 1'9" long.
5. Where foundation walls meet the footings. To provide a positive joint between footing and foundation wall to prevent side movement.
6. Under nonbearing interior wall partitions where floor slab is thickened as indicated.
7. 2"
8. 1 1/2"
9. Six
10. 3000 pounds per square inch after 28 days.



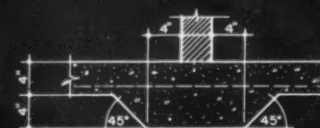
PIPE TRENCH DETAIL
SCALE 1/4" = 1'-0"



BASE PLATE DETAIL
SCALE 1/2" = 1'-0"



FOOTING & FOUNDATION PLAN
SCALE 1/4" = 1'-0"



THICKEN ALL SLABS AS SHOWN UNDER MASONRY PARTITIONS WHICH DO NOT HAVE FOUNDATION WALLS AND FOOTINGS

CONCRETE NOTES

- CONCRETE TO HAVE A COMPRESSIVE STRENGTH OF 3000 POUNDS PER SQUARE INCH AFTER 28 DAYS
- ALL STEEL REINFORCING BARS SHALL HAVE 3" CONCRETE COVERAGE WHEN CONCRETE IS DEPOSITED AGAINST THE GROUND AND 2" CONCRETE COVERAGE WHEN CONCRETE IS DEPOSITED AGAINST FORMS
- ALL FOUNDATION WALLS TO HAVE 2-NO 3 BARS PLACED LONGITUINALLY 2" FROM BOTTOM OF FOUNDATION WALL

forth—so that each performs its particular function is called structural framing. Basic building construction falls into two general categories—wall-bearing construction and skeleton construction. In most one-story buildings where at least some of the walls help carry the building load to the foundations and footings, a combination of these two methods is used. In multi-story buildings where loads, including the weight of the walls, are carried by a structural frame of columns, beams and trusses, skeleton construction is employed. This is the type of construction shown in our example drawings. Only the end wall at the left is solid, self-supporting masonry.

Structural framing drawings can be complex and are determined by such things as strength of materials, dead and live loads, and spans to be made. In the design of taller structures, the forces of moving atmospheric air—called wind loads—must be carefully considered, also.

It is not necessary to examine these factors for our purposes here although examples are given, along with some terminology, to help in the over-all understanding of how a building goes together and why.

As steel is the most widely used framing material in such buildings (others include reinforced concrete and wood) our drawings show a struc-

tural steel system. The structural drawings in a set of blueprints indicate the size and location of major structural pieces and give critical dimensions. For the most part, detailed drawings for construction work are done by the supplier of the steel members to the contractor and are called "shop drawings."

Shown here is part of the steel roof framing plan for our example building. At the left are large-scale special detail drawings to illustrate two particular structural conditions. Note how the columns, the locations of which we saw on the footing and foundation plan, carry the whole structure.

Let's translate some of the symbols and terminology used on these draw-

ings as closely as can be done by the linotype characters available:

1. 12 WF 27 & PL—This is a wide flange beam, nominally 12 inches deep, weighing 27 pounds per lineal foot. PL indicates a steel plate attached to the beam to support masonry above. (See section drawing T-T.)

2. RL 7; RB 6—RL stands for roof lintel; the number "7" is for identification. RB stands for roof beam; the number "6" is also for identification.

3. O.W. Joist Type 124—This is an "open web" steel joist, 12 inches deep. The last number "4" identifies the size of the top and bottom "chords." (See section drawing S-S.) These versatile lightweight structural members are made to rigid standards of the Steel

STRUCTURAL FRAMING

QUESTIONS

1. How would you identify RB7 as to size and weight?
2. How many "O.W. Joists 147" are indicated? By what are they supported?
3. What special construction is indicated for masonry walls which carry steel members?
4. Which member is supported entirely by masonry?
5. How far apart are the O.W. Joists 124 spaced?

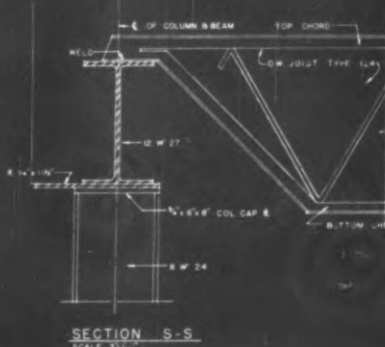
ANSWERS

1. 10 inches deep, 21 pounds per lineal foot.
2. Eight; by RB's 6 and 7 and 42 and 43.
3. "Build a minimum of three courses solid clay brick masonry under steel members that bear on masonry."
4. RL7.
5. 3'9".

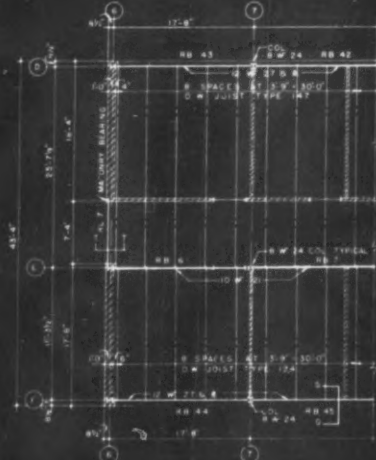
For the sake of simplicity and clarity, the example drawings used in this series are of a one-story building. Most hospitals, however, are multiple story buildings. Therefore, to acquaint the reader with the type of construction he is most likely to encounter, we show, when possible, construction conditions which are more typical of multi-story buildings than of single story.

STEEL NOTES

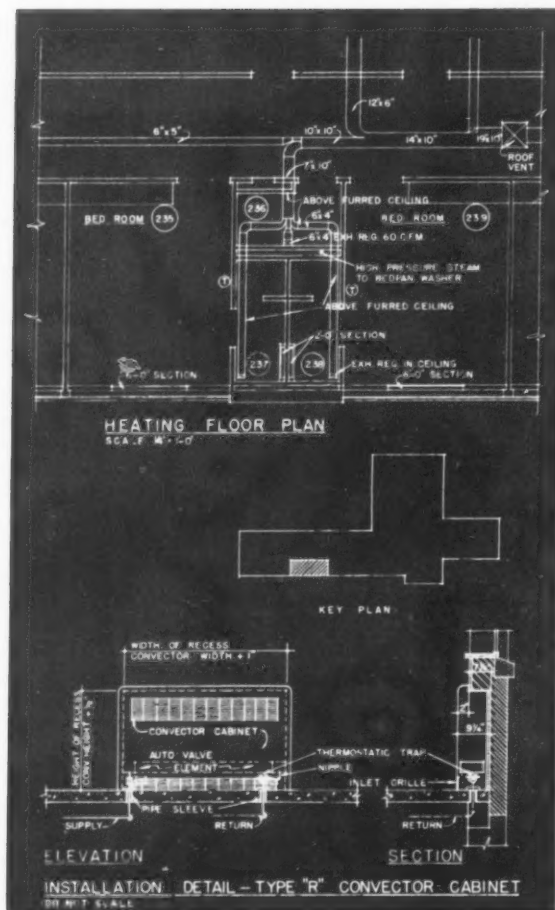
- *STEEL DESIGN, FABRICATION AND ERECTION TO BE IN ACCORDANCE WITH A.I.S.C. SPECIFICATIONS
- *BUILD A MINIMUM OF THREE COURSES SOLID CLAY BRICK MASONRY UNDER STEEL MEMBERS THAT BEAR ON MASONRY
- *PROVIDE A MINIMUM BEARING FOR BEAMS, AND 12" BEARING FOR LINTELS BEARING ON MASONRY
- *PROVIDE 10" X 10" ANCHORS AT ENDS OF ALL ROOF AND BEAM THAT BEAR ON MASONRY
- *WHEN STEEL LINTELS ARE REQUIRED BUT NOT SIZED USE 12" X 4" S.I.S. PER 12" WIDE OF MASONRY FOR OPENING
- *12" X 12" OR LESS-BEARING LAMB. GIRL FOR WIDER OPENINGS USE 12" DEEP 4" X 4" WITH 12" BEARING EACH END. REFER TO ARCHITECTURAL AND MECHANICAL DRAWINGS FOR WALL OPENINGS
- *ALL "RL" LINTELS TO BE 10" W 21 L B EXCEPT AS NOTED



SECTION T-T
SCALE 1/4" = 1'-0"



ROOF FRAMING PLAN
SCALE 1/4" = 1'-0"



Joist Institute, an organization composed of manufacturers and fabricators formed in 1928 "to standardize methods of steel joist design and details of construction, and to disseminate information relative to their proper use."

4. Encircled letters and numbers, i.e. ① and ②. These are for the purpose of column identification. For example, the column toward the center of the framing plan supporting RB6 and RB7 would thus be designated E7.

In the steel notes:

1. A.I.S.C.—American Institute of Steel Construction, "a nonprofit service organization engaged in research and distributing of data and information from which architects and engineers may prepare engineering plans conforming to the most advanced information available to the technical professions, and in conformity with the best industrial practices." Members are fabricators, rolling mills, individual architects and engineers, and various societies.

2. Government anchors—types of

anchors to tie steel beams or joists into masonry walls. Has no allusion to governmental regulations.

Steel members are fastened together by one of three methods: high strength steel bolts, rivets or welding.

MECHANICAL AND ELECTRICAL

The last part of a set of blueprints which we shall examine are drawings of the mechanical and electrical features of the building. The former includes plumbing, heating, ventilating, air conditioning and temperature control systems.

Larger architectural firms often have their own engineers who do this phase of the work, but most architects retain engineering firms which specialize in this field. In the planning of a hospital, which contains great quantities of complex mechanical and electrical equipment, the architect must coordinate the work very carefully with his consulting engineers to ensure the smooth integration of the proper facilities with the building design. Not only must it be possible for these

mechanical and electrical systems to be economically and logically installed during construction, the ease and economy of operating and maintaining them once the hospital is in use must be carefully provided. Nothing is more disillusioning to a hospital administrator and a hospital staff than a brand new building which doesn't "work" well or is prohibitively expensive to maintain.

Mechanical and electrical drawings are highly diagrammatical and are used to locate pipes, fixtures, ducts, outlets, wiring runs and so forth. Detailed descriptions of this and other equipment to be installed and the work to be done are found in the written specifications.

This drawing shows the heating and ventilating plan for part of the building, as indicated on the small key plan, and an installation detail of a convector unit located in a patient bedroom. On the heating plan, note the ductwork located in the open joist space above the ceiling, which connects with exhaust registers and the roof exhaust fan to form part of the ventilating system of the building. Also, note the location of thermostat controls ① in each of the bedrooms for individualized heat control.

Briefly, the heating system is steam with convector units employed as heat dispensing agents. The key to some of the abbreviations and symbols will help you to understand the general meaning.

T Indicates a thermostat control location
 CONV Convector for heat dispensing
 CFM Cubic feet per minute
 Exh. Reg. Exhaust register
 6' Section Length of convector unit

When you have had an opportunity to study the drawings, discussions, questions and answers in this series, an excellent "final exam" of what you have learned will be the analysis of a set of blueprints of your own building. The newer the building is the better, as building materials and techniques change. A fairly contemporary set of blueprints will be more valuable in helping you understand any new buildings you now have under construction or are planning.

If you are fortunate enough to have a building project under way, this is an outstanding opportunity for you to put your blueprint reading lessons to work "on the job."

ABOUT PEOPLE

Administrators

Emanuel Weisberger, superintendent of Cedars of Lebanon Hospital in Los Angeles since 1943, has announced his resignation, effective July 1. Mr. Weisberger is a past president of the California Hospital Association and the Hospital Council of Southern California. He has served on the board of the Blue Cross for the last nine years, as well as on various other committees. He is a member of the American College of Hospital Administrators and the American Hospital Association. His successor at Cedars of Lebanon has not yet been named.



Emanuel Weisberger

Owen P. Hatley has been appointed assistant administrator and registrar of Charles T. Miller Hospital, St. Paul. A graduate of the hospital administration course at the University of Minnesota, Mr. Hatley has been director of the hospital facilities section, Idaho Department of Health, since 1950.

Henry Veldman has been named assistant administrator of Norwalk Hospital, Norwalk, Conn., succeeding **Raymond J. Reynolds**, whose appointment as administrator of Delaware County Hospital, Drexel Hill, Pa., was announced in the April issue of *The Modern Hospital*. Mr. Veldman is a graduate of the hospital administration course at the University of Chicago. He served his residency at City Hospital, Cleveland, and was administrative assistant there during the last year.



Henry Veldman

Col. James H. Forsee has been named deputy commander and chief of professional services at Walter Reed Army Hospital, Washington, D.C. Col. Forsee, who has served as chief surgical consultant to the army surgeon general for the last year, is a member of the American Medical Association, American College of Physicians, and American College of Surgeons.

Graham L. Davis, nationally known in the hospital field, has come out of retirement to accept the position of administrator at Onslow Memorial Hospital, Jacksonville, N.C. Mr. Davis formerly was director of the W. K. Kellogg Foundation, Battle Creek, Mich., and prior to that was associated with the Duke Endowment for 15 years. An honorary fellow of the American College of Hospital Administrators, Mr. Davis is a past president of the American Hospital Association.



Graham L. Davis

David W. Clark has been appointed administrative assistant in the outpatient department of University Hospitals, Cleveland. Mr. Clark, who joined the hospital staff in 1955 as an administrative resident, received his master's degree in business administration from the University of Chicago.



David W. Clark

William D. Speer has assumed the position of administrator of Phelps County Memorial Hospital, Rolla, Mo., succeeding **Ted O. Lloyd**, whose resignation to become state manager of the Missouri Hospital Association was reported in the February issue of *The Modern Hospital*. Mr. Speer formerly was superintendent of Hardin County General Hospital, Savannah, Tenn.

James L. Ambrose has resigned as administrator of Okaloosa Memorial Hospital, Crestview, Fla., to become administrator of Doctors Memorial Hospital, now under construction at Perry, Fla. **James W. Wilson** has been named to succeed Mr. Ambrose at the Crestview hospital.

Kenneth R. Nelson Jr. has been named assistant administrator of Anniston Memorial Hospital, Anniston, Ala. Mr. Nelson, who is a graduate of the Columbia University program in hospital administration, formerly was administrative assistant of the Hospital of the University of Pennsylvania, Philadelphia.

Charles R. E. Badger has been appointed assistant director of City Hospital, Akron, Ohio. Mr. Badger, who is a graduate of Cornell University School of Hotel Administration, formerly was an assistant in clinic administration at the Cleveland Clinic, Cleveland. He also has been assistant manager of Colonial Hospital, Rochester, Minn.

Dr. Walter S. Pugh, manager of the Veterans Administration hospital at Erie, Pa., has been appointed manager of the V.A. hospital at Wilkes-Barre, Pa., succeeding **Dr. William J. McCarty**, who has been transferred to the V.A. hospital at Vancouver, Wash. Dr. Pugh will be succeeded at Erie by **Dr. Lawrence C. Davis**, director of professional services at the V.A. center in Martinsburg, W.Va.

James L. Henry, administrative assistant at Northwest Texas Hospital, Amarillo, Tex., has been appointed administrator of Parkview Hospital, El Reno, Okla., following the resignation of **Robert E. Trimble**.

Edward J. Evans has been named administrator of City Hospital, Owatonna, Minn., succeeding **Harold W. Isackson**, who has been appointed administrator of Glencoe Municipal Hospital, Glencoe, Minn. Mr. Evans formerly was administrator of Kanabec County Hospital, Mora, Minn.

S. K. Bronstein has been appointed an associate director of Jackson Memorial Hospital, Miami, Fla., to supervise the pharmacy, medical records, oxygen therapy, physical medicine, and cardiology services. He will retain his present position as clinic administrator.

Robert N. Millard has been appointed to the new position of lay assistant administrator and director of public relations at St. Mary's Hospital, Cincinnati. Mr. Millard formerly held a similar post at St. Elizabeth Hospital, Dayton, Ohio.

Dr. Thomas P. Crane, manager of the Veterans Administration hospital at Dearborn, Mich., has been appointed manager of the V.A. hospital at San Francisco, succeeding **Dr. James G. Donnelly**, who has retired.

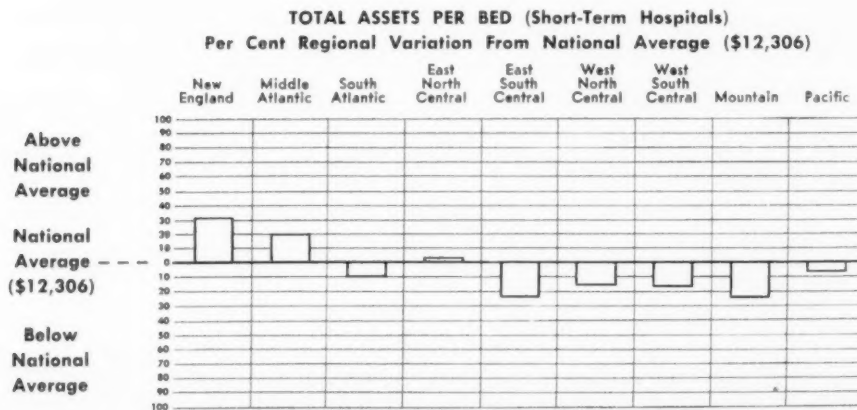
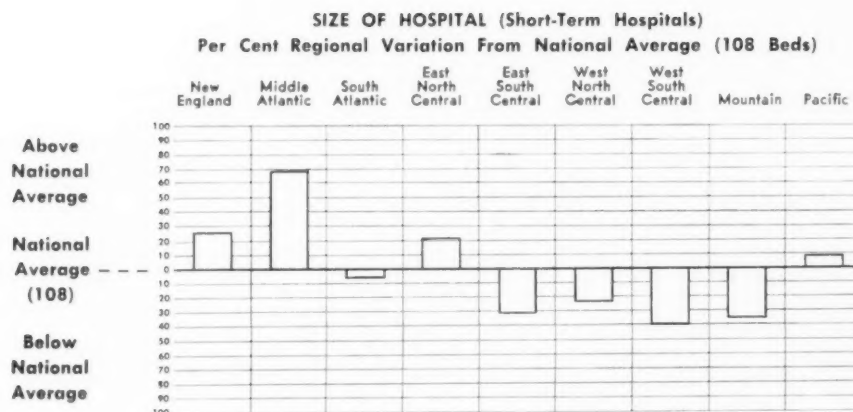
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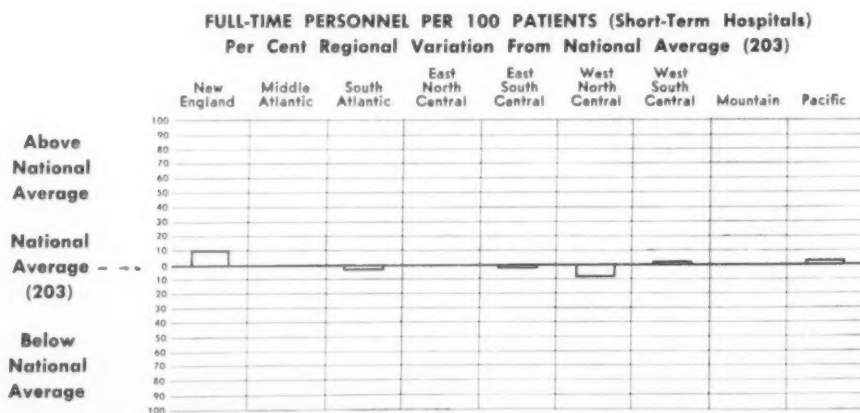
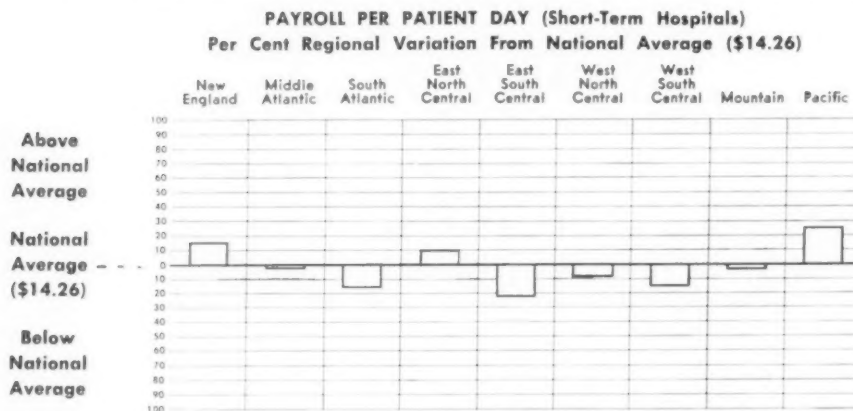
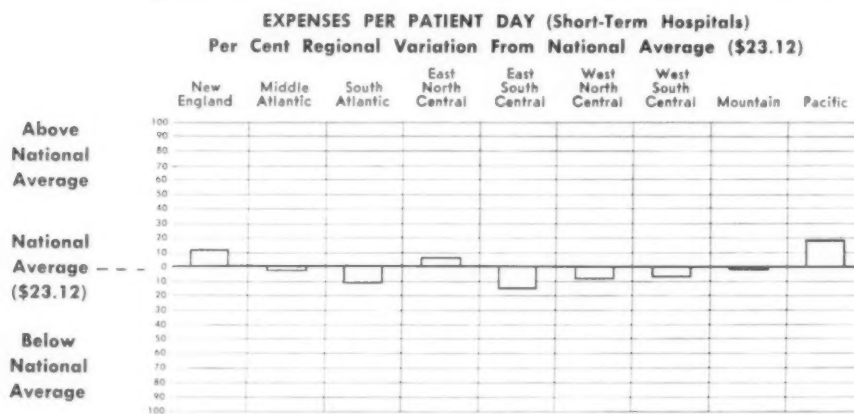
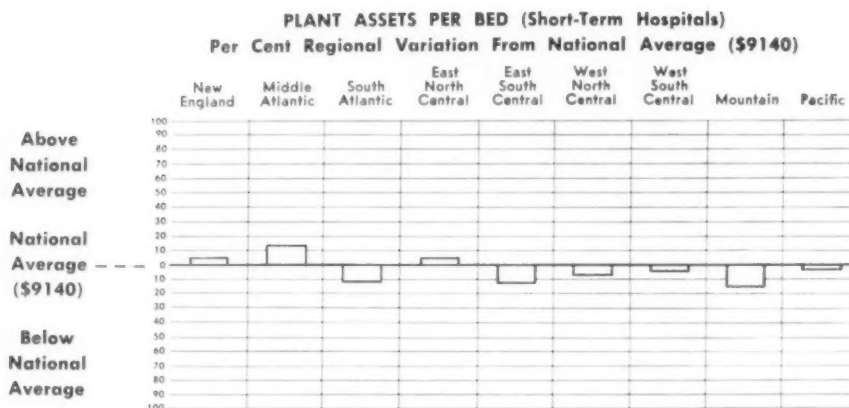
Regional Variations in Hospital Statistics

This month's study shows regional variations among short-term general and special hospitals as to size of hospital, total assets per bed, plant assets per bed, expenses per patient day, payroll per patient day and the number of full-time personnel employed per 100 patients

LOUIS BLOCK, Dr. P.H.

Chief, Research Grants Branch
Division of Hospital and Medical Facilities
Public Health Service, Washington, D.C.





SPECIAL REPORT:

***Liability of Hospitals for Negligence
Causing Injury to Patients and Others***

Liability depends on the nature of the hospital, the jurisdiction, and the facts of the individual case. This study of 1000 cases shows how the courts are ruling on hospital liability problems today in all jurisdictions

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SPECIAL REPORT:

Liability of Hospitals for Negligence

LEE O. GARBER and MARSHALL J. TYREE

THE question of whether a hospital is liable in damages to one injured as the result of the negligence of its officers, agents or employees is one that not only is, but should be, of great interest to hospital administrators as well as members of hospital governing boards. Unfortunately, it is not an easy question to answer. In the first place, the answer is dependent upon the nature of the hospital, upon the jurisdiction in which the hospital is located, and upon the facts of the case. With reference to two kinds of hospitals—public or governmental and private—the answer is not too difficult. Unless otherwise provided for by statute, courts are in such close agreement that it may be stated, as a rule, that a public hospital existing for governmental purposes and exercising governmental functions is not liable for the negligence of its employees. On the other hand, private hospitals—not charitable institutions—are generally held liable for damages for injuries resulting from their own negligence, as well as that of their agents, servants and employees.

With reference to charitable hospitals, the answer is far less clear and decisive. A study of court decisions that have been rendered on this question—and there have been many¹—reveals a patchwork of opinion. Not only is there little, if any, uniformity of pattern to be found in the holdings of the courts, but the pattern that is discernible is a constantly changing one. In commenting on this, a federal court has said:

... in such a kaleidoscope of result and reasoning it hardly can be said there is a preponderant "weight of authority." The plurality, if any, is highly unstable . . .²

As further evidence of the lack of uniformity in the thinking of the courts, Associate Justice Rutledge, in this same opinion, said:

Paradoxes of principle, fictional assumption of fact and consequence, and confused results characterize judicial disposition of these claims. From full immunity, through varied but inconsistent qualifications to general responsibility is the gamut of decision. The cases are almost riotous with dissent. Reasons are even more varied than results. These are earmarks of law in flux. They indicate something wrong at the beginning or that something has become wrong since then.

Dr. Garber is a professor at the University of Pennsylvania and editor of the "Yearbook of School Law." Dr. Tyree is associated with the board of education in Philadelphia and is an authority on legal aspects of child welfare.

¹Some 1000 decisions were read by the authors, and they are not certain they located all.

²*President and Directors of Georgetown College v. Hughes*, 130 Fed. (2d) 810 (1942).

They also show that correction, though in process, is incomplete.³

Commenting further on the complexity of the problem, he said:

It is perhaps impossible, if it were worth while, to make an exact summary of the present state of American decision or to determine with accuracy what is the "prevailing rule."⁴

(Nevertheless, it is significant that, in spite of what he said, Justice Rutledge later did the very thing he characterized as virtually impossible.) With his sentiments an Arizona court appears to be in agreement. It said: "It is . . . impossible to discover any common thread of logic in the decided cases which can be depended upon to lead us out of the existing confusion."⁵

Undaunted by these comments, an attempt will now be made here to study the problem of the charity hospital's liability in the hope that some guideposts may be set up to guide the reader through the morass of judicial confusion or, at least, disparity. This will be followed by a statement of the law regarding the liability of charitable hospitals as it presently exists in each of the 48 states. Then, the liability of public hospitals will be examined. Following this the problem of the liability of private noncharitable hospitals will be considered in some detail.

The Method. Few states have statutes dealing with the question of hospital liability. Where such statutes do exist, they are, of course, decisive of the matter. Where they do not exist, resort must be had to court decisions for the discovery of the law, because it is in these decisions that guiding principles are to be discovered. In this study only court decisions will be considered.

Limitations. Such a study as here undertaken has definite limitations. First of all, it is undertaken upon the assumption that a study of decisions rendered on the point in question will result in the isolation of certain discrete principles of more or less general application. Because the decisions studied have been rendered in light of particular facts, it is not always clear, from the language of a particular decision, just how the court might have ruled had the facts been slightly different. Nevertheless, some principles may be isolated and some generalizations may be made. The opportunities for error in interpreting a decision being what they are, the reader is warned that the principles stated are generalizations at best and do not carry the finality of law. Then, too, because of the lack of stability in this field, as pointed out by Justice Rutledge, a principle laid down by a court today may be overruled tomorrow.

³*Ibid.*

⁴*Ibid.*

⁵*Ray v. Tucson Medical Center*, 230 P. (2d) 220, 72 Ariz. 22 (1951).

In the second place, with reference to the topic under consideration, it is not alone sufficient to generalize—*i.e.* to draw generalizations from the many decisions—but it is also essential that exceptions be noted to these generalizations in the case of specific states, where it is possible to determine these exceptions from the decisions rendered. Because of the great number of decisions that have been rendered, the possibility of omitting a particular case that may indicate a change in pattern for a particular state is always present. Again, we can only say that, to the best of our knowledge, all pertinent cases have been located and studied. When the great number of cases that have been decided is considered, the possibility of omitting a particular case is readily recognized.

Then too, in a number of cases the courts did not explicitly identify the type of hospital concerned—*i.e.* they did not identify it as a governmental, charitable or private hospital. To a great extent, such cases were omitted. This omission may be serious in a very few cases where, if the hospital had been properly identified, the reasoning of the court and the decision might, conceivably, affect the generalization as far as a particular state is concerned. Again, we can only say that it is our belief that this failure of identification has affected the results but slightly if at all.

Another limitation that was of some concern to us was the language of the courts, in a few cases, when they spoke of governmental hospitals as charitable institutions. In such cases, it was sometimes impossible to determine whether the principles enunciated were applicable to nongovernmental charitable hospitals as well as to purely governmental hospitals. In all such cases, it was assumed that the principles were applicable to governmental hospitals alone, and these

cases were not included with those involving nongovernmental charitable hospitals.

With respect to charitable hospitals, particularly, other difficulties were encountered. As one examines the many cases involving the question of the liability of such hospitals, he finds that many courts are likely to state that immunity is the rule, but then they go on and demonstrate the opposite by approving a departure from it. Justice Rutledge recognized this and said:

If we look at results, therefore, rather than words or forms of statement in opinions, for the test of what is "the law" or "the prevailing rule," immunity is not "the rule" and liability "the exception." The rule has become merely a relic in the multitude of departures.⁶

In these cases the question is not so much whether liability or immunity is total, but whether the liability imposed or refused was because the injury incurred was the result of the negligence of the hospital's employees or of an independent contractor; or whether it was because the particular act that was the cause of the alleged negligence was a medical or professional act or whether it was because it was an administrative act; or whether it was because the injured party was a stranger to or beneficiary of the charity; or whether he was, perhaps, an invitee or even an employee; or whether it was because the injured party was a paying patient, or a charity patient. At times, more than one of these situations is found combined in a single case. To complicate the matter further, courts frequently state their decisions in such manner that one must speculate on whether the rule as stated is of limited application, *i.e.* narrowly applicable only to the facts as outlined in the particular case before the court at the time.

⁶*President and Directors of Georgetown College v. Hughes*, 130 Fed. (2d) 810 (1942).

Legal Principles Common to All Types of Liability Problems in Hospitals

General Rule of Liability for Negligence. The courts are rather generally agreed that certain basic principles underlie the problem of liability for negligence—principles that are applicable to liability in general, regardless of the situation in which it is incurred, not to that of hospitals alone.

First, one who injures another as the result of his tortious or negligent conduct is liable. In other words, individuals are responsible for their own carelessness, as well as that of their servants and agents, if another is injured thereby; and it is immaterial whether the carelessness grew out of an act of mercy or charity. Liability is the rule and immunity the exception. In commenting on this, a federal court has said:

One who undertakes to aid another must do so with due care. Whether the Good Samaritan rides an ass, a Cadillac, or picks up hitchhikers in a Model T, he must ride with forethought and caution. . . . Charity suffereth long and is kind, but in the common law it cannot be careless. When it is, it ceases to be kindness and becomes actionable wrong.⁷

The rule is true not only for the negligent individual but also for corporations, partnerships, and administrators and receivers. All, alike, are liable. Here the doctrine of *respondet superior* applies since: "Somewhere in the legal structure there is a responsible element apart from the negligent actor."⁸ As was noted, however, charitable hospitals in some

jurisdictions and at some times have been held immune from liability. Courts, in so holding, appear to ignore these basic principles or to substitute, for them, other principles more fundamental, to their way of thinking, in these particular situations. The doctrine of immunity, as expressed in the first case of this sort to be tried in United States courts has slowly but surely been "sniped at," and exceptions have been created from time to time. Today, the situation is such that one cannot say what the general rule is. He can only say that, where the doctrine of immunity, if it ever existed—and some would argue that it was never a generally accepted rule—is so tied in with exceptions today, that it must be treated not so much as a general rule but as many rules—some of minor application. This will be dealt with later when charitable hospitals alone are considered.

When Is a Particular Hospital a Charitable, Private or Governmental Hospital? Hospitals are generally classified into three general types—charitable or eleemosynary, governmental, and private. Because different rules appear to be followed in determining the liability of each, each type is considered separately. Therefore, it is necessary to distinguish between them. It is comparatively easy to distinguish governmental hospitals from the other two types. Sometimes, however, it is difficult to distinguish between charitable and private hospitals.

Any hospital that is owned, operated and/or supported by a unit of government such as a city, county, state or the

⁷*President and Directors of Georgetown College v. Hughes*, 130 Fed. (2d) 810 (1942).

⁸*Ibid.*

nation is a governmental hospital. However, it has been held that a private hospital under contract with a municipality to furnish it with certain services does not, thereby, take on the status of a governmental hospital. It remains a private hospital and is governed by the rule of liability applicable to private hospitals.⁹ Likewise, it has been held that the fact a hospital receives state aid in the form of tax exemption does not, necessarily, give it the status of a state agency.¹⁰

Courts Refer to Definitions of Charity in Attempting to Differentiate Between Charitable and Private Hospitals

It is not always so easy to differentiate between charitable and private hospitals. Sometimes, the courts, in arriving at their decisions in such matters, refer to definitions of charity. In Michigan, a court, in attempting such a definition, said:

"Charity is active goodness. It is doing good to our fellow men. It is fostering those institutions that are established to relieve suffering, and to do good to mankind in general, or to any class or portion of mankind."¹¹

In general, however, courts differentiate between private and charitable hospitals by referring to the purposes stated in their charters and the ways in which they operate.¹² They also look to see if they make a profit.¹³ A hospital that makes a profit is not likely to be considered a charitable hospital simply because it admits some free or charitable patients,¹⁴ because it renders some services for which it does not receive any payment,¹⁵ or because it uses some of its profits for charitable purposes.¹⁶ Of such a hospital that "gives dole at its doors, free meals to indigent applicants, and assistance to poor families outside of the hospital" a California court said:

The primary purpose of the organization was profit. From that profit, charity was dispensed. The charity was dependent upon and sufficiently distinct to indicate that first in importance was profit.¹⁷

Likewise, it has been held that a society organized for the purposes of mutual aid and profit is not a charitable organization, although charity was contemplated as an aim under the by-laws, on the ground that "the funds contributed by the members [cannot] be regarded otherwise than as,

beneficially, their own property."¹⁸ In Kentucky it has also been held that a university hospital "maintained principally because of the advantages it affords to the students and professors of that institution" and which was "conducted for compensation and profit," is not a charitable hospital.¹⁹ Again, it has been held that a hospital operated by a private individual in conjunction with a county where, by agreement, the profits, if any, belong to the individual is a private hospital liable for tort;²⁰ and the fact that a hospital receives a patient whose care is paid for by the county does not make the patient a charitable case so as to relieve the hospital of liability.²¹

Where such business concerns as railways and mining companies maintain and operate hospitals for the benefit of their employees, the question of the liability of these hospitals is sometimes at issue. Concerning their liability, an Arizona court has said: "If they undertake to furnish treatment, not as a charity, they stand in no different light from the ordinary physician" and so would be liable for torts of their agents, employees and servants.²² In another case where a lumber company created a health center for an entire area in which it operated, gave money, land and facilities for its operation, where, by charter, it was declared that it was not to operate at a profit, and where none of the net earnings was permitted to be used for the benefit of any member, individual, association, partnership or corporation, the court held that while the plan of organization was commendable it fell short of being a benevolent or charitable institution. It held the purpose was not dissociated from considerations gainful to the company, from the point of view of convenience, operation and employer-employee relations. Consequently the hospital was held subject to the same rule of liability as any private hospital.²³ On the other hand, it has been held that the fact that the company takes money out of its employees' pay each month and places it in a hospital fund is immaterial; as long as the company makes no profit as the result of the operation of the hospital, it may be considered a charitable enterprise.²⁴

Is a Charitable Hospital a Private Hospital? Because of the different rules of liability applied to private, charitable and governmental hospitals, the courts find it necessary to identify or categorize each hospital that is made a party to a suit. Nevertheless, a word of explanation is in order here about the criteria used by the courts for this purpose. In the section on private hospitals in this study, only those cases are included in which the hospital concerned was referred to by the court as a private hospital. It should be noted, however, that in some cases the courts spoke of the hospitals involved as private hospitals, although it is plain that they used the

⁹*Murtha v. New York Homeopathic Medical College & Flower Hospital*, 126 N.E. 722, 228 N.Y. 183 (1920).

¹⁰*Coben v. General Hospital Society of Connecticut*, 154 A. 435, 113 Conn. 188 (1931).

¹¹*Bruce v. Henry Ford Hospital et al.*, 236 N.W. 813, 254 Mich. 394 (1931).

¹²*Hallinan v. Prindle*, 29 P. (2d) 202, 220 Cal. 46 (1934); *Silva v. Providence Hospital of Oakland*, 97 P. (2d) 798, 14 Cal. (2d) 762 (1939); *Bruce v. Henry Ford Hospital et al.*, 236 N.W. 813, 254 Mich. 394 (1931); *Gitzhoffen v. Sisters of Holy Cross Hospital Ass'n.*, 88 P. 691, 32 Utah 46 (1907).

¹³*Baker v. Leland Stanford Junior University*, 23 P. (2d) 1071, 133 Cal. App. 243 (1933); *Silva v. Providence Hospital of Oakland*, 87 P. (2d) 374 (Cal.) (1939); 97 P. (2d) 798, 14 Cal. (2d) 762 (1939); *England v. Hospital of the Good Samaritan*, 97 P. (2d) 813, 14 Cal. (2d) 791 (1940); *University of Louisville v. Hammock*, 106 S.W. 219, 127 Ky. 564 (1907); *Bruce v. Henry Ford Hospital et al.*, 236 N.W. 813, 254 Mich. 394 (1931); *Boetcher v. Budd*, 237 N.W. 650, 61 N.D. 50 (1931); *Danville Community Hospital v. Thompson*, 43 S.E. (2d) 882, 186 Va. 746 (1947).

¹⁴*Silva v. Providence Hospital of Oakland*, 87 P. (2d) 374 (Cal.) (1939); *Silva v. Providence Hospital of Oakland*, 97 P. (2d) 798, 14 Cal. (2d) 762 (1939); *University of Louisville v. Hammock*, 106 S.W. 219, 127 Ky. 564 (1907).

¹⁵*Danville Community Hospital v. Thompson*, 43 S.E. (2d) 882, 186 Va. 746 (1947).

¹⁶*Silva v. Providence Hospital of Oakland*, 87 P. (2d) 374 (Cal.) (1939).

¹⁷*Ibid.*

¹⁸*Brown v. La Société Française de Bienfaisance Mutuelle*, 71 P. 516, 138 Cal. 475 (1903).

¹⁹*University of Louisville v. Hammock*, 106 S.W. 219, 127 Ky. 564 (1907).

²⁰*Boetcher v. Budd*, 237 N.W. 650, 61 N.D. 50 (1931).

²¹*Gitzhoffen v. Sisters of Holy Cross Ass'n.*, 88 P. 691, 32 Utah 46 (1907).

²²*Kain v. Arizona Copper Co.*, 133 P. 412, 14 Ariz. 566 (1913).

²³*Crossett Health Center v. Croswell*, 256 S.W. (2d) 548 (Ark.) (1953).

²⁴*Union Pacific Railway Co. v. Artist*, 60 Fed. 365, 19 U.S. App. 612 (1894); *Arkansas Midland R. Co. et al. v. Pearson*, 135 S.W. 917, 98 Ark. 399 (1911); *Pearson v. Arkansas Midland Co. et al.*, 153 S.W. 595, 106 Ark. 442 (1913); *Eighmy v. Union Pac. Ry. Co.*, 61 N.W. 1056, 93 Iowa 538 (1895); *Nicholson v. Atchinson, Topeka & Santa Fe Hospital Ass'n.*, 155 P. 920, 97 Kan. 480 (1916); *Galveston, H. & S. A. Ry. Co. v. Hanway*, 57 S.W. 695 writ of error denied *Hanway v. Galveston, H. & S. A. Ry. Co.*, 58 S.W. 724, 94 Tex. 76 (1900); *Richardson v. Carbon Hill Coal Co.*, 39 P. 95, 10 Wash. 648 (1895).

term in its generic sense as referring to all nongovernmental hospitals, both proprietary and charitable or "voluntary." Consequently, some of the cases cited in the section on private hospitals may deal with charitable or voluntary hospitals. The writers had no alternative, however, and so such cases were included among those involving private hospitals. This is unfortunate, but cannot be helped. It

is believed, however, that the results are not affected or biased thereby. After all, in those jurisdictions where charitable hospitals are held liable, the degree of care required to avoid liability is the same as in the case of private hospitals. Likewise, in such cases, the criteria for determining who is an independent contractor and who is an employee of the hospital are the same as in the case of private hospitals.

Trends in Cases Involving Liability of Charitable Hospitals

Historical Background. The first case involving the question of the liability of a charitable hospital to come before any court in this country was *McDonald v. Massachusetts General Hospital*,²⁵ decided in 1876. In this case the plaintiff, McDonald, who had been hospitalized with a fractured thigh, was treated by a "house pupil," a Harvard medical student in his third or final year of training. The student was not an independent contractor but an agent of the hospital. The hospital was nonprofit, organized to provide a general hospital for the sick and insane. It had no capital stock, and its funds came from private and public charities. Some of its patients were charitable patients, while others were paying patients. McDonald brought this action for damages against the hospital because the fractured leg was not properly set, which he contended was due to either the incompetency of the pupil who treated him or the negligence of the pupil or the attending surgeon. The court held the hospital was not liable, although it did hold that it was the duty of such a hospital to use due and reasonable care in the selection of its agents. The court cited, as its sole authority, the English case *Holliday v. St. Leonard's*.²⁶

This English case had followed *dictum* of Lord Cottenham in *Duncan v. Findlater*,²⁷ and again in *Feoffe's of Heriot's Hospital v. Ross*.²⁸ In this latter case Lord Cottenham stated that funds given the founding and maintenance of a hospital were trust funds which could not be used to pay damages to those who claimed injury resulting from the actions of the trustees. He justified this by stating that to do otherwise would be to apply the donor's gift to a purpose he did not have in mind, thus to divert it to a different purpose than that intended.

Nevertheless the *dictum* of the *Duncan v. Findlater* case was overruled in 1866,²⁹ and the *Holliday* case was reversed in 1871.³⁰

Thus, five years before the Massachusetts decision was rendered, the *Holliday* case, upon which it had been bottomed, had been reversed. Similarly, in the second of such cases that granted immunity to charitable hospitals, to appear before the higher courts of this country,³¹ a Maryland court held that damages could not be collected against a charitable corporation on the ground that its funds, which were held in trust

for charitable purposes, could not be diverted. In this case the court relied upon the *Feoffe's of Heriot's Hospital v. Ross* case, which was previously commented upon. Whether the Massachusetts and Maryland courts were aware that the *dictum* of Lord Cottenham had already been repudiated is not known, but it is only fair to assume that they were not. Nevertheless, the effect of these cases was to revive this *dictum* and give it new life in a new country which followed the English common law.

Rhode Island Court Held a Public Charitable Hospital Liable for Injuries Due to Alleged Negligence of Intern

After the Massachusetts court rendered its decision, but before the Maryland court did—1879—a Rhode Island court sounded an entirely different note. It held a public charitable hospital liable for injuries due to the alleged negligence of an intern.³² In its decision the court made it clear that physicians and surgeons were not agents or servants of hospitals for whose liability hospitals would be held liable, but that interns were. In this decision is to be found a consideration of the question of whether charitable hospitals should be held liable on the ground of public policy. It was said:

The argument is that hospitals, like Rhode Island Hospital, are a public benefit; but if they are liable for the torts of . . . the medical or surgical interns, or of their nurses and other servants, people will be discouraged from voluntarily contributing to their foundation and support, and therefore public policy demands that they shall be exempted from liability. In our opinion the argument will not bear examination. The public is doubtless interested in the maintenance of a great public charity, such as the Rhode Island Hospital is; but it also has an interest in obliging every person and every corporation which undertakes the performance of a duty to perform it carefully, and to that extent, therefore, it has an interest against exempting any such person and any such corporation from liability for its negligence. The court cannot undertake to say that the former interest is so supreme that the latter must be sacrificed to it. Whether it shall be or not is not a question for the court, but for the legislature.

Likewise, in this decision is to be found a discussion of other grounds for immunity. Again, it was said:

. . . when there is a duty, there is, *prima facie* at least, liability for its neglect; and that when a corporation or quasi corporation is created for certain purposes which cannot be executed without the exercise of care and skill, it becomes the duty of the corporation or quasi corporation to exercise such care and skill; and that the fact that it acts gratuitously, and has no property of its own in which it is beneficially inter-

²⁵*McDonald v. Massachusetts General Hospital*, 120 Mass. 432 (1876).

²⁶*Holliday v. St. Leonard's*, 142 Eng. Reprint 769, 11 C.B., N.S., 192 (1860).

²⁷*Duncan v. Findlater*, 6 Clark & Fin. 894, 7 Eng. Reprint 934 (1839).

²⁸*Feoffe's of Heriot's Hospital v. Ross*, 12 Clark & Fin. 507, 8 Eng. Reprint 1506 (1846).

²⁹*Mersey Docks Trustees v. Gibbs*, 11 Eng. Reprint 1500 (1866).

³⁰*Foreman v. Mayor of Canterbury*, L.R. 6 Q.B. 214 (1871).

³¹*Perry v. House of Refuge*, 63 Md. 20 (1884).

³²*Glavin v. Rhode Island Hospital*, 12 R.I. 411 (1879).

ested, will not exempt it from liability for any neglect of duty, if it has funds, or the capacity of acquiring funds, for the purposes of its creation, which can be applied to the satisfaction of any judgment for damages recovered against it. We also understand that the doctrine is that the corporate funds can be applied, notwithstanding the trusts for which they are held, because the liability is incurred in carrying out the trusts and is incident to them. . . . Indeed, we cannot see why these funds are not as applicable to the payment of damages for tort as to the payment of counsel for defending an action for such damages. Both payments are to be regarded as incidents to the administration of the trust.

In summary, it said: "The fact that the corporation is a charitable one can give it no greater exemption from liability than a charitably disposed individual can claim." It is significant that this court cited *Mersey Docks Trustees v. Gibbs*—the case that overruled Lord Cottenham's dictum in the *Duncan v. Findlater* case—as its authority.

Here, in the Glavin case, it is seen that the Rhode Island court took an opposite approach to the question from that taken by the Massachusetts court. Nevertheless, the Maryland decision which followed it by five years—1884—followed the Massachusetts court's leadership. One year later, when the question was again raised in Massachusetts,³³ the court again followed the rule it had laid down earlier, rather than the rule expressed by the Rhode Island court. Thus it appears that, in this early period, the Rhode Island court's line of reasoning was not accepted. One clue as to the reason for this may be found in a New York decision, rendered in 1893, in which the court, in commenting on the Rhode Island case, said: ". . . it met with such disapproval in the state of Rhode Island that, at the earliest possible moment after the convening of the next legislature, the decision was, in effect, overruled by an act of that body."³⁴

Charitable Hospital Could Not Be Held Liable for Its Servants' Negligence Under Rule of *Respondent Superior*

Between the time the Massachusetts court made its first ruling on the question—1876—and the turn of the century, the courts, on at least 16 different occasions including those already mentioned, ruled that a charitable corporation was not liable for the torts of its agents, employees and servants, and only once did they rule against the hospital. Two of these cases were decided by federal courts.³⁵ In both cases it was held the hospital was not liable on the ground that funds could not be diverted to pay damages. In six New York cases it was held that charitable hospitals could not be held liable, in the absence of a showing that they did not exercise due care in the selection of their employees.³⁶ In Connecticut, it was held that a charitable hospital could not

be held liable for its servants' negligence under the rule of *respondent superior*, nor could it be held liable on the grounds of public policy.³⁷ In Michigan and New York it was held that a charitable hospital could not be required to answer in damages for negligence, for the reason that to do so would divert the funds raised for other purposes.³⁸ In the Michigan case and another New York³⁹ case it was also held that the fact the patient was a paying patient was immaterial. In Iowa it was held that a charitable hospital could only be held liable where it was shown that it failed to use reasonable care in the selection of its employees.⁴⁰

Pennsylvania Court Declares Immunity to a Benevolent Corporation for Injuries Inflicted Upon a Stranger

To the same effect was a Washington decision.⁴¹ During this same period, a Pennsylvania court, in a decision involving a charitable corporation not a hospital, ruled that such a corporation was not liable to a stranger for injuries received from the negligence of its employees.⁴² In commenting on its decision the court said: "How much better than a thief would be the law itself were it to apply . . . trust funds, contributed for a charitable object, to pay [damages]. . . ." This case is significant because it is said "to stand almost alone in declaring immunity to a benevolent corporation for injuries inflicted upon a stranger."⁴³

Thus it is seen that the courts, with the exception of the Rhode Island court in the Glavin case, were in agreement that a hospital was not liable for the tortious acts of its agents, servants and employees. This is where the matter stood as the new century was ushered in.

Since that time hundreds of cases in tort have been brought with the express purpose of attempting to collect damages from charitable hospitals. These have been analyzed and classified according to the holdings of the courts. Each classification may be thought of as a rule of law relating to the liability of charitable hospitals. Each of these rules will now be considered in turn. In so doing, no attempt will be made to point out changes in the thinking of the courts in a particular jurisdiction. Consequently, the reader should not be disturbed when he notices different rulings espoused by the same courts. Current trends may be identified by noting the dates when decisions were rendered. Some courts have ruled one way for a while and then changed their rulings entirely. Such changes will be identified in a subsequent section when an analysis of the current situation regarding liability will be attempted state by state.

The Rule of Immunity. As has been shown, the earliest cases involving the tort liability of charitable hospitals appeared to follow a pattern, with one exception. They favored the general rule of immunity from tort liability in the case of charitable hospitals. This appears to have been the general rule, particularly with reference to beneficiaries of the charity, with certain exceptions which will be commented upon later.

³³*Benton v. Trustees of the City Hospital of the City of Boston*, 1 N.E. 836, 140 Mass. 13 (1885).

³⁴*Haas v. Missionary Society of the Most Holy Redeemer*, 26 N.Y.S. 868, 6 Misc. Rep. 281 (1893).

³⁵*Pierce v. Union Pacific Railway Co.*, 66 Fed. 44, 32 U.S. App. 48 (1895); *Union Pacific Railway Co. v. Artist*, 60 Fed. 365, 19 U.S. App. 612 (1894).

³⁶*Proctor v. Manhattan Eye & Ear Hospital*, (1879), *Eibee v. Long Island City Hospital*, (1882), and *Pryor v. Manhattan Eye & Ear Hospital*, (1890), referred to in 60 Hun. 585, 15 N.Y.S. 620 (1891); *Harris v. Woman's Hospital*, 14 N.Y.S. 881 (1891); *Van Tassel v. Manhattan Eye & Ear Hospital*, 60 Hun. 585, 15 N.Y.S. 620 (1891); *Ward v. St. Vincent's Hospital*, 50 N.Y.S. 466, 23 Misc. Rep. 91 (1898), reversed on procedural grounds 57 N.Y.S. 784, 39 App. Div. 624 (1899).

³⁷*Hearns v. Waterbury Hospital*, 33 A. 595, 66 Conn. 98 (1895).

³⁸*Downes v. Harper Hospital*, 60 N.W. 42, 101 Mich. 555 (1894); *Haas v. Missionary Society of Most Holy Redeemer*, 26 N.Y.S. 868 (1893).

³⁹*Ward v. St. Vincent's Hospital*, 50 N.Y.S. 466, 23 Misc. Rep. 911 (1898); reversed on procedural grounds 57 N.Y.S. 784, 39 App. Div. 624 (1899).

⁴⁰*Eighmy v. Union Pacific Railway Co.*, 61 N.W. 1056, 93 Iowa 538 (1895).

⁴¹*Richardson v. Carbon Hill Coal Co.*, 39 P. 95, 10 Wash. 648 (1895).

⁴²*Fire Ins. Patrol v. Boyd*, 15 A. 553, 120 Pa. 624 (1888).

⁴³*Hospital of St. Vincent of Paul v. Thompson*, 81 S.E. 13, 116 Va. 101 (1914).

in most jurisdictions for a number of years and continues as such in some jurisdictions today.⁴⁴

(a) *Reasons for.*—In holding charitable hospitals immune from liability in tort, courts follow one or more of the following lines of reasoning. First, some accept the idea that the doctrine of *respondet superior* has no application in such cases, i.e. that the master-servant relationship which carries with it the implication that the master is liable for the torts committed by his servant, employee or agent while acting within the course of his employment does not apply in the

case of charitable corporations.⁴⁵ In commenting to this effect, a Missouri court said:

... but the doctrine of respondeat superior does not apply to defendant, because it is a charity and holds all its funds in trust to carry out the benevolent purposes for which it was chartered by the state.⁴⁶

In an early Connecticut case, in which the court was greatly influenced by this line of reasoning, it was said:

But the practical ground on which the rule is based is simply this: On the whole, substantial justice is

⁴⁴*Powers v. Mass. Homeopathic Hospital*, 109 F. 294 (1901); *Ellsworth v. Brattleboro Retreat*, 68 F. Supp. 706 (1946); *Southern Methodist Hospital and Sanatorium of Tucson v. Wilson*, 77 P. (2d) 458, 51 Ariz. 424 (1938); *Stonaker v. Big Sisters Hospital*, 2 P. (2d) 526, 116 Cal. App. 375 (1931); *Shane v. Hospital of the Good Samaritan*, 37 P. (2d) 1066, 2 Cal. App. (2d) 429 (1934); *Armstrong v. Wallace*, 47 P. (2d) 740, 8 Cal. App. (2d) 429 (1935); *Brown v. St. Luke's Hospital Assn.*, 274 P. 740, 85 Colo. 167 (1929); *Cashman v. Meriden Hospital*, 169 A. 915, 117 Conn. 585 (1933); *Boardman v. Burlingame*, 197 A. 761, 123 Conn. 646 (1938); *Wilcox v. Idaho Falls Latter Day Saints Hospital*, 82 P. (2d) 849, 59 Idaho 350 (1938); *Martin v. St. Luke's Hospital*, 195 Ill. App. 388 (1915); *Hogan v. Chicago Lying-In Hospital*, 166 N.E. 461, 335 Ill. 42 (1929); *Simon v. Pelouze et al.*, 263 Ill. App. 177 (1931); *Maretick v. South Chicago Community Hospital*, 17 N.E. (2d) 1012, 297 Ill. App. 488 (1939); *Lenaben v. Ancilla Domini Sisters*, 72 N.E. (2d) 445, 331 Ill. App. 27 (1947); *Ratliffe v. Wesley Hospital and Nurses' Training School et al.*, 10 P. (2d) 859, 135 Kan. 306 (1932); *Cook v. John N. Norton Memorial Infirmary*, 202 S.W. 874, 180 Ky. 331 (1918); *Emery v. Jewish Hospital Assn.*, 236 S.W. 577, 193 Ky. 400 (1921); *Pikeville Methodist Hospital v. Donahoe*, 299 S.W. 159, 221 Ky. 538 (1927); *Forrest v. Red Cross Hospital*, 265 S.W. (2d) 80 (Ky.) (1954); *St. Walburg Monastery of Benedictine Sisters of Covington, Ky. v. Feltners Adm'r*, 275 S.W. (2d) 748 (Ky.) (1955); *Thibodaux v. Sisters of Charity of the Incarnate Word*, 123 So. 466, 11 La. App. 423 (1929); *Jurjevich v. Hotel Dieu*, 11 So. (2d) 632 (1943); *Jensen v. Maine Eye & Ear Infirmary*, 78 A. 898, 107 Me. 408 (1910); *Howard v. South Baltimore General Hospital*, 62 A. (2d) 574 (Md.) (1948); *Gorman v. St. Paul Fire and Marine Insurance Co.*, 121 A. (2d) 812 (Md.) (1956); *Zoulalian v. New England Sanatorium & Benevolent Ass'n.*, 119 N.E. 686, 230 Mass. 102 (1918); *Roosten v. Peter Bent Brigham Hospital*, 126 N.E. 392, 235 Mass. 66 (1920); *Beverly Hospital v. Early*, 197 N.E. 641 (Mass.) (1935); *Bearse v. New England Deaconess Hospital*, 72 N.E. (2d) 743 (Mass.) (1947); *Mastrangelo v. Maverick Dispensary*, 115 N.E. (2d) 455 (Mass.) (1953); *Pepke v. Grace Hospital*, 90 N.W. 278, 130 Mich. 493 (1902); *Bruce v. Henry Ford Hospital et al.*, 236 N.W. 813, 254 Mich. 394 (1931); *Greatrex v. Evangelical Deaconess Home*, 246 N.W. 137, 261 Mich. 327 (1933); *In re Erwin's Estate*, 34 N.W. (2d) 480, 323 Mich. 114 (1948); *Mississippi Baptist Hospital v. Moore*, 126 So. 465, 156 Miss. 676 (1930); *International Order of Twelve Knights and Daughters of Tabor in Mississippi v. Barnes*, 37 So. (2d) 487 (Miss.) (1948); *Adams v. University Hospital*, 99 S.W. 453, 122 Mo. App. 675 (1907); *Whittaker v. St. Luke's Hospital*, 117 S.W. 1189, 137 Mo. App. 116 (1909); *Nicholas v. Evangelical Deaconess Home and Hospital*, 219 S.W. 643, 281 Mo. 182 (1920); *Roberts v. Kirksville College of Osteopathy & Surgery*, 16 S.W. (2d) 625 (Mo.) (1929); *Stedem v. Jewish Memorial Hospital Ass'n of Kansas City*, 187 S.W. (2d) 469 (Mo.) (1945); *Dille v. St. Luke's Hospital*, 196 S.W. (2d) 615 (Mo.) (1946); *Duncan v. Nebraska Sanitarium Benev. Ass'n.*, 137 N.W. 1120, 92 Neb. 162 (1912); *Sibilia v. Paxton Memorial Hospital*, 238 N.W. 751, 121 Neb. 860 (1931); *Cheatnam v. Bishop Clarkson Memorial Hospital*, 70 N.W. (2d) 96, 160 Neb. 297 (1955); *Muller v. Nebraska Methodist Hospital*, 70 N.W. (2d) 86, 160 Neb. 279 (1955); *D'Amato v. Orange Memorial Hospital*, 127 A. 340 (N.J.) (1925); *Boeckel v. Orange Memorial Hospital*, 158 A. 832, 108 N.J.L. 453 (1932); affirmed 166 A. 146, 110 N.J.L. 509 (1933); *Fields v. Mountinside Hospital*, 35 A. (2d) 701, 22 N.J. Misc. 72 (1944); *Fair v. Atlantic City Hospital*, 50 A. (2d) 376, 25 N.J. Misc. 66 (1946); *Woods v. Overlook Hospital Assn.*, 69 A. (2d) 742, 6 N.J. Sup. 47 (1949); *Casper v. Cooper Hospital*, 98 A. (2d) 605, 26 N.J. Sup. 535 (1953); *Rafferteder v. Raleigh Pitkin-Paul Morgan Memorial Hospital*, 109 A. (2d) 296, 33 N.J. Sup. 19 (1954); *Harris v. Woman's Hospital*, 14 N.Y.S. 881, 27 Abb. N.C. 37 (1891); *Van Tassell v. Manhattan Eye & Ear Hospital*, 15 N.Y.S. 620, 60 Hun. 585 (1891); *Haas v. Missionary Society*, 26 N.Y.S. 868, 6 Misc. Rep. 281 (1893); *Ward v. St. Vincent's Hospital*, 50 N.Y.S. 466, 23 Misc. Rep. 91 (1898); *Collins v. New York Post-Graduate Medical School and Hospital*, 69 N.Y.S.

106, 59 App. Div. 63 (1901); *Schloendorff v. Society of New York Hospital*, 105 N.E. 92, 211 N.Y. 125 (1914); *Phillips v. Buffalo General Hospital*, 146 N.E. 199, 239 N.Y. 188 (1924); *Williams v. Union County Hospital Assn.*, 67 S.E. (2d) 662, 234 N.C. 536 (1951); *Williams v. Randolph Hospital, Inc.*, 75 S.E. (2d) 303, 237 N.C. 387 (1953); *Williams v. Union County Hospital Assn.*, 75 S.E. (2d) 308, 237 N.C. 395 (1953); *Connor v. The Sisters of the Poor of St. Francis*, 7 Ohio N.P. 514 (1900); *Taylor v. Protestant Hospital Association*, 96 N.E. 1089, 85 Ohio 90 (1911); *Taylor v. Flower Deaconess Home & Hospital*, 135 N.E. 287, 104 Ohio 61 (1922); *Rudy v. Lakeside Hospital*, 155 N.E. 126, 115 Ohio 539 (1926); *Sisters of Charity of Cincinnati v. Duvelius*, 173 N.E. 737, 123 Ohio 52, (1930); *Walsh v. Sisters of Charity of St. Vincent's Hospital*, 191 N.E. 791, 47 Ohio App. 228 (1933); *City Hospital of Akron v. Lewis*, 192 N.E. 140, 47 Ohio App. 465 (1934); *Lakeside Hospital v. Kovar*, 2 N.E. (2d) 857, 131 Ohio St. 333 (1936); *Gregory v. Salem General Hospital*, 153 P. (2d) 837, 175 Ore. 464 (1945); *Gable v. Sisters of St. Francis*, 75 A. 1087, 227 Pa. 254 (1910); *Lindler v. Columbia Hospital*, 81 S.E. 512, 98 S.C. 25 (1914); *McPeak v. Vanderbilt University Hospital*, 229 S.W. (2d) 150 (Tenn.) (1950); *Galveston H. & S.A. Ry. Co. v. Hanway*, 57 S.W. 695 (Tex.) (1900); *Jones v. Sisters of Charity of the Incarnate Word*, 173 S.W. 639 (Tex.) (1915); *Barnes v. Providence Sanitarium*, 229 S.W. 588 (Tex.) (1921); *Koenig v. Baylor Hospital et al.*, 10 S.W. (2d) 396 (Tex.) (1928); *Baylor University v. Boyd*, 18 S.W. (2d) 700 (Tex.) (1929); *Enell v. Baptist Hospital*, 455 S.W. (2d) 395 (Tex.) (1931); *Medical & Surgical Memorial Hospital v. Cauthorn*, 229 S.W. (2d) 932 (Tex.) (1950); *Baptist Memorial Hospital v. Marrable*, 244 S.W. (2d) 567 (Tex.) (1951); *Jones v. Baylor Hospital*, 284 S.W. (2d) 929 (Tex.) (1955); *Sessions v. Thomas Dee Memorial Hospital Ass'n.*, 51 P. (2d) 229 (Utah) (1935); *Weston's Adm'x. v. Hospital of St. Vincent of Paul*, 107 S.E. 785, 131 Va. 587 (1921); *Norfolk Protestant Hospital v. Plunkett*, 173 S.E. 363, 162 Va. 151 (1934); *Magnuson v. Swedish Hospital*, 169 P. 828, 99 Wash. 399 (1918); *Tribble v. Missionary Sisters of the Sacred Heart*, 242 P. 372, 137 Wash. 326 (1926); *Bise v. St. Luke's Hospital*, 43 P. (2d) 4, 181 Wash. 269 (1935); *Miller v. Mohr*, 89 P. (2d) 807, 198 Wash. 619 (1939); *Miller v. Sisters of St. Francis*, 105 P. (2d) 32, 5 Wash. (2d) 204 (1940); *Canney v. Sisters of Charity of House of Providence*, 130 P. (2d) 899, 15 Wash. (2d) 325 (1942); *Weiss v. Swedish Hospital*, 133 P. (2d) 978, 16 Wash. (2d) 446 (1943); *Roberts v. Ohio Valley General Hospital*, 127 S.E. 318, 98 W.Va. 476 (1925); *Fisher v. Ohio Valley General Hospital Association*, 73 S.E. (2d) 667 (W.Va.) (1952); *Meade v. St. Francis Hospital of Charleston*, 74 S.E. (2d) 405 (W.Va.) (1953); *Morrison v. Henke et al.*, 160 N.W. 173, 165 Wis. 166 (1916); *Schumacher v. Evangelical Deaconess Society*, 260 N.W. 476, 218 Wis. 169 (1935); *Schau v. Morgan, M.D., et al.*, 6 N.W. (2d) 212, 241 Wis. 334 (1942); *Wright v. St. Mary's Hospital of San Francisco*, 61 N.W. (2d) 900, 265 Wis. 502 (1953); *Grabinski v. St. Francis Hospital*, 63 N.W. (2d) 693, 266 Wis. 339 (1954); *Bishop Randall Hospital v. Hartley*, 160 P. 385, 24 Wyo. 408 (1916).

⁴⁵*Union Pacific Railway Co. v. Artist*, 60 Fed. 365, 19 U.S. App. 612 (1894); *Paterlini v. Memorial Hospital Association*, 247 Fed. 639 (1918); *Southern Methodist Hospital and Sanatorium v. Wilson*, 46 P. (2d) 118, 45 Ariz. 507 (1935); *Hearns v. Waterbury Hospital*, 33 A. 595, 66 Conn. 98 (1895); *Lenaben v. Ancilla Domini Sisters*, 72 N.E. (2d) 445, 331 Ill. App. 27 (1927); *Cook v. John N. Norton Memorial Infirmary*, 202 S.W. 874, 180 Ky. 331 (1918); *Dills v. St. Luke's Hospital*, 196 S.W. (2d) 615 (Mo.) (1946); *Roberts v. Kirksville College of Osteopathy and Surgery*, 16 S.W. (2d) 625 (Mo.) (1929); *Taylor v. Flower Deaconess Home and Hospital*, 135 N.E. 287, 104 Ohio St. 61 (1922); *Morrison v. Henke*, 160 N.W. 173, 165 Wis. 166 (1916); *Schumacher v. Evangelical Deaconess Society*, 260 N.W. 476, 218 Wis. 169 (1935).

⁴⁶*Roberts v. Kirksville College of Osteopathy and Surgery*, 16 S.W. (2d) 625 (Mo.) (1929).

best served by making a master responsible for the injuries caused by his servant acting in his service, when set to work by him to prosecute his private ends, with the expectation of deriving from that work private benefit. This has at times proved a hard rule, but it rests upon a public policy too firmly settled to be questioned.

We are now asked to apply this rule, for the first time, to a class of masters distinct from all others, and who do not and cannot come within the reason of the rule. . . . We think the law does not justify such an extension of the rule of respondeat superior. It is perhaps immaterial whether we say the public policy which supports the doctrine of respondeat superior does not justify such extension of the rule; or say that the public policy which encourages enterprises for charitable purposes requires an exemption from the operation of a rule based on legal fiction, and which, as applied to the owners of such enterprises, is clearly opposed to substantial justice. It is enough that a charitable corporation like the defendant—what ever may be the principle that controls its liability for corporate neglect in the performance of a corporate duty—is not liable, on grounds of public policy, for injuries caused by personal wrongful neglect in the performance of his duty by a servant whom it has selected with due care; but in such case the servant is alone responsible for his own wrong.⁴⁷

A federal court has commented on the *respondeat superior* doctrine as follows:

If one undertakes to treat . . . a patient for the purpose of making profit thereby, the law implies the contract to treat him carefully and skillfully, and holds him liable for the carelessness of the physicians and attendants he furnishes. But this doctrine of respondeat superior has no just application where one voluntarily aids in establishing or maintaining a hospital without expectation of pecuniary profit. If one, out of charity, with no purpose of making profit, sends a physician to a sick neighbor or to an injured servant, or furnishes him with hospital accommodations and medical attendance, he is not liable for the carelessness of the physicians or of the attendants. The doctrine of respondeat superior no longer applies, because, by fair implication, he simply undertakes to exercise ordinary care in the selection of physicians and attendants who are reasonably competent and skillful, and does not agree to become personally responsible for their negligence or mistakes. The same rule applies to corporations and to individuals, whether they are engaged in dispensing their own charities, or in dispensing the charitable gifts of others intrusted to them to administer.⁴⁸

Courts also take, as one reason for holding charitable hospitals immune from liability, the "trust fund" theory or doctrine. They hold that money held in trust for a particular charitable purpose must be used for that purpose solely and cannot be dissipated by using it to pay damages—that to do so would be violative of the donor's intentions.⁴⁹ In explaining this doctrine, a Kentucky court said:

⁴⁷*Hearns v. Waterbury Hospital*, 33 A. 595, 66 Conn. 98 (1895).

⁴⁸*Union Pacific Railway Co. v. Artist*, 60 Fed. 365, 19 U.S. App. 612 (1894).

⁴⁹*Union Pacific Railway Co. v. Artist*, 60 Fed. 365, 19 U.S. App. 612 (1894); *Pierce v. Union Pacific Railway Co.*, 66 Fed. 44, 32 U.S. App. 48 (1895); *Brown v. St. Luke's Hospital Ass'n*, 274 P. 740, 85 Colo. 167 (1929); *St. Mary's Academy v. Solomon*, 238 P. 22, 77 Colo. 463 (1925); *St. Luke's Hospital Ass'n v. Long*, 240 P. (2d) 917 (Colo.) (1952); *Hearns v. Waterbury Hospital*, 33 A. 595, 66 Conn. 98 (1895); *Parks v. North-*

The trust fund doctrine proceeds upon the idea that the trust created by the founders of the institution as augmented by receipts from pay patients constitutes a charitable trust fund, and that, if it should be diverted to the payment of judgments which might be obtained in damage suits against the institution, the purposes of the charity, as well as its donors, would be frustrated, and the charity itself most likely eventually destroyed, and that such a result was never contemplated by the founders or those who in any manner donated to the institution. . . .⁵⁰

To the same effect is the following statement taken from a Pennsylvania decision: "How much better than a thief would be the law itself were it to apply trust funds, contributed for a charitable object, to pay [damages]. . . ."⁵¹ A Missouri court, in holding a charitable hospital immune from liability for the torts of its servants or agents, must have had this rule in mind when it said:

Charity funds are things apart from other matters of business or trade. In the thoughts and consciences of men, charities are not loaded with the burdens put upon other matters. Charity suggests different considerations and treatment from matters of ordinary business, and hence there has arisen out of the conscience, a principle which protects it in its beneficent and perpetual purpose.⁵²

In the third place, courts frequently argue that it would be against public policy to hold a charitable hospital liable in damages for the torts of its agents, servants and employees.⁵³ A Nebraska case, in commenting on this reason, stated that public policy "encourages the support and maintenance of charitable institutions and protects their funds from the maw of litigation."⁵⁴

A South Carolina court, in a case involving a charitable corporation not a hospital, had the following to say on this matter:

western University, 75 N.E. 991, 218 Ill. 381 (1905); *Lenahan v. Ancilla Domini Sisters*, 72 N.E. (2d) 445, 331 Ill. App. 27 (1947); *Webb v. Vought*, 275 P. 170, 127 Kan. 799 (1929); *Cook v. John N. Norton Memorial Infirmary*, 202 S.W. 874, 180 Ky. 331 (1918); *Jensen v. Maine Eye & Ear Infirmary*, 78 A. 898, 107 Me. 408 (1910); *Perry v. House of Refuge*, 63 Md. 20 (1884); *McDonald v. Massachusetts General Hospital*, 120 Mass. 432 (1876); *Downes v. Harper Hospital*, 60 N.W. 42, 101 Mich. 555 (1894); *Adams v. University Hospital*, 99 S.W. 453, 120 Mo. App. 675 (1907); *Stedem v. Jewish Memorial Hospital Ass'n of Kansas City*, 187 S.W. (2d) 469 (Mo.) (1945); *Haas v. Missionary Society of Most Holy Redeemer*, 26 N.Y.S. 868 (1893); *Fire Insurance Patrol v. Boyd*, 15 A. 553, 120 Pa. 624 (1888); *Gable v. Sisters of St. Francis*, 75 A. 1087, 227 Pa. 254 (1910).

⁵⁰*Cook v. John N. Norton Memorial Infirmary*, 202 S.W. 874, 180 Ky. 331 (1918).

⁵¹*Fire Ins. Patrol v. Boyd*, 15 A. 553, 120 Pa. 624 (1888).

⁵²*Adams v. University Hospital*, 99 S.W. 453, 122 Mo. App. 675 (1907).

⁵³*Shane v. Hospital of the Good Samaritan*, 37 P. (2d) 1066, 2 Cal. App. (2d) 429 (1934); *Hearns v. Waterbury Hospital*, 33 A. 595, 66 Conn. 98 (1895); *Lenahan v. Ancilla Domini Sisters*, 72 N.E. (2d) 445, 331 Ill. App. 27 (1947); *Cook v. John N. Norton Memorial Infirmary*, 202 S.W. 874, 180 Ky. 331 (1918); *Emery v. Jewish Hospital Association*, 236 S.W. 577, 193 Ky. 400 (1921); *Stedem v. Jewish Memorial Hospital Ass'n of Kansas City*, 187 S.W. (2d) 469 (Mo.) (1945); *Duncan v. Nebraska Sanitarium Benevolent Ass'n*, 137 N.W. 1120, 92 Neb. 162 (1912); *D'Amato v. Orange Memorial Hospital*, 127 A. 340, 101 N.J.L. 61 (1925); *Taylor v. Flower Deaconess Home and Hospital*, 135 N.E. 287, 104 Ohio 61 (1922); *Lindler v. Columbia Hospital*, 81 S.E. 512, 98 S.C. 25 (1914); *Sessions v. Thomas Dee Memorial Hospital Ass'n*, 51 P. (2d) 229 (Utah) (1935); *Weston's Adm'x. v. Hospital of St. Vincent of Paul*, 107 S.E. 785, 131 Va. 587 (1921); *Magnuson v. Swedish Hospital*, 169 P. 828, 99 Wash. 399 (1918).

⁵⁴*Duncan v. Nebraska Sanitarium Benevolent Ass'n*, 137 N.W. 1120, 92 Neb. 162 (1912).

... exemption of public charities from liability . . . rests not upon the relation of the injured person to the charity, but upon grounds of public policy, which forbids the crippling or destruction of charities which are established for the benefit of the whole public to compensate one or more individual members of the public for injuries inflicted by the negligence of the corporation itself, or of its superior officers or agents, or of its servants or employees. The principle is that, in organized society, the rights of the individual must, in some instances, be subordinated to the public good. It is better for the individual to suffer injury without compensation than for the public to be deprived of the benefit of the charity. The law has always favored and fostered public charities in ways too numerous to mention, because they are most valuable adjuncts of the state in the promotion of many of the purposes for which the state itself exists.⁵⁵

It has also been held that donors might be discouraged from founding and supporting charitable institutions, thereby affecting public policy adversely, if they thought their gifts might be used to liquidate damages assessed against such institutions. A Kentucky court voiced this idea, when it said:

[S]uch institutions are inspired and supported by benevolences and devote their assets and all their energies to the relief of the destitute, the sick, and the needy, and . . . the common welfare requires that they should be encouraged in every way and be exempt from liability from this character of action; that, if it should be otherwise held, it would operate to discharge the charitably inclined from donating or founding such institutions and might utterly destroy them, thus indirectly casting the burden of doing so upon the state.⁵⁶

A fourth reason for granting immunity to charitable hospitals has its roots in what is generally referred to as the "implied waiver" or the "assumption-of-risk" doctrine, in which it is argued that one who is the recipient of a charity, impliedly agrees to waive his right to hold the charity liable and assumes any risk involved, himself.⁵⁷

A federal court has stated this doctrine as follows:

One who accepts the benefits either of a public or of a private charity enters into a relation which exempts his benefactor from liability for the negligence of his servants in administering the charity.⁵⁸

This was amplified by a Kentucky court which said:

The theory of the "implied waiver" doctrine is that the one who accepts the benefits, accommodations, and services of such an institution [as a charitable hospital] enters into a relation with it whereby he agrees to exempt it from liability for the negligence of any of its servants in administering the charity, and that the patient thereby assumes the risk growing out of any

negligent act of any of those connected with administering the affairs of the institution.⁵⁹

In one case, involving a tort to a newborn infant who was incapable of entering into a contract and waiving liability and who had no control over the selection of the hospital in which he was to be born, when the justice of this doctrine was questioned, the court held that parents have the responsibility for a child's care and need not consult him—that "the will of the parents is controlling." In commenting on the doctrine, the court said:

While assumption of risk is often a matter of implied contract . . . it is not always and necessarily so. The mere doing of an act, in the absence of any contract, may be the assumption of risk, as is illustrated by engaging in athletic sports and the like. A man who crosses a railroad track in front of an approaching train assumes the risk of getting across in safety. We assume risks in many ways every day, without any relation to contract.⁶⁰

These four reasons, considered as bases for granting immunity to charitable hospitals, are frequently recognized as discrete reasons. Nevertheless, the first three, at least, seem to merge. Illustrative of this is a statement from a Virginia decision to the effect that "the trust fund doctrine is simply a rule of public policy."⁶¹ Even more pertinent is the following quotation from a Missouri decision, in which the court pointed out that the distinctions between these theories are more apparent than real. It said:

At bottom they are the same, the trust fund doctrine being, as some of the cases say, the "child" or "offspring" of the doctrine of public policy. This is also true as to the non-applicability of the rule of respondeat superior.⁶²

An excellent statement of how these reasons merge is to be found in a federal court decision, where it was said:

Whether immunity be founded on the "trust fund" theory, the rule of respondeat superior, so-called "public policy," or the more indefensible doctrine of "implied waiver," is not for us a controlling consideration. At bottom, except possibly for the last, these come down to the same thing, supported by the same considerations. They are merely different names for the same idea, cast according to the predilection of the user for technical or for broader terminology. The "trust fund theory" comprehends all that is involved in "public policy," with only an apparent difference in approach. This is true likewise of "respondeat superior" and "implied waiver."⁶³

(b) *Limitations to.*—With respect to those jurisdictions which hold that a charitable hospital is immune from liability for torts committed by its agents, employees and servants, there is not complete agreement with reference to immunity of a hospital for its own torts and those of its officers and managers or superintendents. In Massachusetts it has been held that a hospital is not liable for the negligence of its officers.⁶⁴ The courts reasoned that, as in the case of

⁵⁵*Vermillion v. Woman's College of Due West*, 88 S.E. 649, 104 S.C. 197 (1916).

⁵⁶*Cook v. John N. Norton Memorial Infirmary*, 202 S.W. 874, 180 Ky. 331 (1918).

⁵⁷*Powers v. Massachusetts Homeopathic Hospital*, 109 Fed. 294 (1901); *Stonaker v. Big Sisters Hospital*, 2 P. (2d) 520, 116 Cal. App. 375 (1931); *Wilcox v. Idaho Falls Latter Day Saints Hospital*, 82 P. (2d) 849, 59 Idaho 350 (1938); *St. Vincent's Hospital v. Stine*, 144 N.E. 537, 195 Ind. 350 (1924); *Cook v. John N. Norton Memorial Infirmary*, 202 S.W. 874, 180 Ky. 331 (1918); *Springer v. Federated Church of Reno*, 283 P. (2d) 1071 (Nev.) (1955); *Schloendorff v. Society of New York Hospital*, 105 N.E. 92, 211 N.Y. 125 (1914); *Hospital of St. Vincent of Paul v. Thompson*, 81 S.E. 13, 116 Va. 101 (1914); *Weston's Adm'x. v. Hospital of St. Vincent of Paul*, 107 S.E. 785, 131 Va. 587 (1921).

⁵⁸*Powers v. Massachusetts Homeopathic Hospital*, 109 Fed. 294 (1901).

⁵⁹*Cook v. John N. Norton Memorial Infirmary*, 202 S.W. 874, 180 Ky. 331 (1918).

⁶⁰*Weston's Adm'x. v. Hospital of St. Vincent of Paul*, 107 S.E. 785, 131 Va. 587 (1921).

⁶¹*Weston's Adm'x. v. Hospital of St. Vincent of Paul*, 107 S.E. 785, 131 Va. 587 (1921).

⁶²*Dills v. St. Luke's Hospital*, 196 S.W. (2d) 615 (Mo.) (1946).

⁶³*President and Directors of Georgetown College v. Hughes*, 130 Fed. (2d) 810 (1942).

⁶⁴*Benton v. Trustees of the City Hospital*, 1 N.E. 836, 140 Mass. 13 (1885); *Roosen v. Peter Bent Brigham Hospital*, 126 N.E. 392, 235 Mass. 66 (1920).

the negligence of agents and employees, the funds of the hospital may not be dissipated through the paying of damages and, in one case, said:

There is no sound distinction in reason between the liability of a hospital for the negligence of its inferior agents and its liability for the carelessness of its managers. The conduct of both relates to the execution of the charity.⁶⁵

Likewise, in Kentucky it has been held that a hospital is not liable even if the negligence complained of is caused by the hospital's violation of "some duty imposed either by an expressed or implied contract."⁶⁶ Again, in New York it has been held that a hospital is not liable for a breach of contract made by an agent of the hospital who was without authority to make such a contract.⁶⁷ It should be noted, however, that in Illinois it has been held that the directors of a hospital, in their corporate capacity, are liable if it is shown that they, as individuals, were negligent.⁶⁸ To the same general effect is a comparatively recent decision in Colorado holding that a hospital's trust fund cannot be depleted as the result of the torts of a trustee, although he, himself, may be held liable.⁶⁹

Charitable Hospital Held Liable for Failure to Furnish Proper Equipment, Facilities, Safeguards and Surroundings

On the other hand, it has been held that a charitable hospital is liable for failure to furnish proper equipment, facilities, safeguards and surroundings.⁷⁰ In commenting on this question, a Washington court said:

A hospital, even though it be a charitable institution such as the one involved in this case, is liable for failure to furnish proper equipment if damages result from that failure.⁷¹

In this connection, it has been held that the duty of inspecting equipment is nondelegable and if a hospital does delegate it to its manager or superintendent his negligence in performing this function is not alone his own but is imputed to the hospital.⁷²

With respect to the loss of property belonging to a patient, a Massachusetts court has held a charitable hospital liable.⁷³ In this case a ring was forcibly removed from a patient's finger while he was under the influence of an anesthetic. The court justified its ruling on the ground that it was a violation of a corporate duty owed to a patient. In a some-

what similar case an Ohio court took the opposite stand.⁷⁴ In this case a person with valuable jewelry was struck by a streetcar and taken to a hospital in a cab by a police officer. The jewelry was placed in the safe-keeping of the hospital. Later an impostor, posing as a son-in-law of the patient, demanded the jewelry, and it was given him. The patient sued the hospital for his loss and the court, in refusing to hold the hospital liable, said:

... we are unable to make any distinction between cases involving damages to the person of a patient and damages to his property, where such are caused by the wrongful act of an employee.

The fact that the courts of a particular state hold charitable institutions not liable for the negligent acts of their employees and agents, does not necessarily mean that they are totally without liability. They may be held liable for the maintenance of a nuisance or trespass.⁷⁵ A Wisconsin court, in a case involving a church—a charitable institution although not a hospital—held the church liable when a pedestrian slipped on ice and was injured. The ice was formed when water ran off the roof of the rectory, because of defective or clogged gutters, onto a sidewalk and froze. The court, in commenting on the rule of immunity of charitable institutions, stated that the reasons for it were archaic and if the court were not bound by the rule of *stare decisis*—the rule that long-established principles shall be accepted as precedent—and if the question of liability were one of first impression, it would give little weight to these reasons. Then, noting that the question of liability of a charitable institution for nuisance was one of first impression in the state, it said:

On the other hand, when we consider the question of the advisability of extending the rule of immunity to charitable and religious corporations for nuisance we do not feel that we are bound by any rule of *stare decisis*.⁷⁶

In numerous jurisdictions charitable hospitals are held liable for other types of negligence on the part of the hospital itself—i.e. in the negligent selection and retention of employees. Because cases in this field are quite numerous, this matter will be treated separately, later. (See pp. 97-98.)

In Tennessee and Georgia, at least, and more recently in Illinois, the courts, while accepting the trust-fund reason as the basis for holding charitable hospitals immune from liability, have granted recovery but have restricted it to property not directly used or devoted to the purposes of the trust—i.e. immunity from liability is restricted to property held in trust and used solely for charitable purposes.⁷⁷ In a comparatively recent case a Colorado court also appears to favor this rule.⁷⁸ In Tennessee a charitable hospital has been held not immune from suit. Neither is it immune from

⁶⁵*Roosen v. Peter Bent Brigham Hospital*, 126 N.E. 392, 235 Mass. 66 (1920).

⁶⁶*Pikeville Methodist Hospital v. Donahoo*, 299 S.W. 159, 221 Ky. 538 (1927).

⁶⁷*Wilson v. Brooklyn Homeopathic Hospital*, 89 N.Y.S. 619, 97 App. Div. 37 (1904).

⁶⁸*Simon v. Pelouze et al.*, 263 Ill. App. 177 (1931).

⁶⁹*St. Luke's Hospital Association v. Long*, 240 P. (2d) 917 (Colo.) (1952).

⁷⁰*Evans v. Lawrence & Memorial Associated Hospitals*, 50 A. (2d) 443, 133 Conn. 311 (1946); *Tocchetti v. Cyril and Julia C. Johnson Memorial Hospital*, 36 A. (2d) 381, 130 Conn. 623 (1944); *Woodhouse v. Knickerbocker Hospital*, 39 N.Y.S. (2d) 671, affirmed 43 N.Y.S. (2d) 518 (1943); *Santos v. University Hospital*, 93 N.Y.S. (2d) 359, 276 App. Div. 867 (1949); *Gordon v. Harbor Hospital*, 92 N.Y.S. (2d) 101, 275 App. Div. 1047 (1949); *Baptist Memorial Hospital v. Marrable*, 244 S.W. (2d) 567 (Tex.) (1951); *Medical & Surgical Memorial Hospital v. Cauthorn*, 229 S.W. (2d) 932 (Tex.) (1950); *Miller v. Sisters of St. Francis*, 105 P. (2d) 32, 5 Wash. (2d) 204 (1940).

⁷¹*Miller v. Sisters of St. Francis*, 105 P. (2d) 32, 5 Wash. (2d) 204 (1940).

⁷²*Tocchetti v. Cyril and Julia C. Johnson Memorial Hospital*, 36 A. (2d) 381, 130 Conn. 623 (1944).

⁷³*Vannah v. Hart Private Hospital*, 117 N.E. 328, 228 Mass. 132 (1917).

⁷⁴*Rudy v. Lakeside Hospital*, 155 N.E. 126, 115 Ohio 539 (1926).

⁷⁵*Powers v. Massachusetts Homeopathic Hospital*, 109 Fed. 294 (1901); *Smith v. Congregation of St. Rose*, 61 N.W. (2d) 896, 265 Wis. 393 (1953).

⁷⁶*Smith v. Congregation of St. Rose*, 61 N.W. (2d) 896, 265 Wis. 393 (1953).

⁷⁷*Edwards v. Kings Mountain Memorial Hospital Assn.*, 118 F. Supp. 417 (1954); *Morton v. Savannah Hospital*, 96 S.E. 887 (Ga.) (1918); *Robertson v. Executive Committee of Baptist Convention*, 190 S.E. 432, 55 Ga. App. 469 (1937); *Wendt v. Servite Fathers*, 76 N.E. (2d) 342, 332 Ill. App. 618 (1947); *Moore v. Moyle*, 92 N.E. (2d) 81, 405 Ill. 555 (1950); *Baptist Memorial Hospital v. Coullens*, 140 S.W. (2d) 1088, 176 Tenn. 300 (1940); *O'Quinn v. Baptist Memorial Hospital*, 201 S.W. 694 (Tenn.) (1947); *Spivey v. St. Thomas Hospital*, 211 S.W. (2d) 450 (Tenn.) (1948).

⁷⁸*St. Luke's Hospital Ass'n. v. Long*, 240 P. (2d) 917 (Colo.) (1952).

liability for tort, but property used solely for charitable purposes is exempt from the execution of a judgment for tort. Relative to this, a court has said:

This holding preserves unimpaired, in principle, the rule that a beneficiary of a charitable trust cannot subject property directly devoted to the carrying out of the trust, to the payment of damages resulting from negligence.⁷⁹

A Georgia court, in commenting on recovery in a suit for tort, said: "... but the recovery would be restricted to the income derived from the pay patients or from other noncharitable sources."⁸⁰

The Rule of Qualified Immunity or Liability. The rule of immunity, if it can be said to be such, is subject to various modifications, as will presently be shown. These modifications taken together give support to what may be thought of as the rule of qualified liability or qualified immunity. In reality, each may be thought of as a rule in itself. Almost every jurisdiction recognizes at least one of these modifications or rules, and some recognize several. Because they are of such frequent occurrence they are sources of confusion and the uninitiated finds it difficult to reconcile them with the basic rule of immunity and the reasons back of it. Their very existence lends support to the idea that this rule and its basic reasons are not recognized or, at least, applied with any degree of consistency. These modifications will now be considered in turn.

(a) *Liability for Injuries to Strangers.*—While many courts appear to approve the rule of immunity from torts on the part of charitable corporations, a not inconsequential number at the same time hold charitable hospitals liable for injuries received by those who are strangers to the hospitals' charitable activities, i.e. to deliverymen, visitors and employees, and also to doctors and nurses who are independent contractors.⁸¹ The cases cited had their origins in jurisdictions

where courts have, in general, adhered to the rule of immunity from liability in the case of charitable hospitals. (In those jurisdictions where courts are inclined to hold charitable hospitals liable in tort for the negligence of their officers, agents and employees, they hold them liable for injuries received by strangers as well as by beneficiaries.) Reasoning followed by the courts that so hold is illustrated by the following statement from a Connecticut court:

A charity should not be permitted to inflict injury on some without the right of redress, in order to bestow charity upon others. The result would be to compel the injured person to contribute to the charity against his will. Per contra, the modern tendency of the law is to shift the burden from the innocent victim to the community at large.⁸²

An Ohio court that held similarly justified its decision by stating that the duty of exercising care in order to prevent injury to strangers would result in the exercise of a greater degree of care to patients and, conversely, the encouragement of negligence toward strangers would be reflected in the service available to the beneficiaries of the charity.⁸³ To the same general effect is the following statement from an Alabama court:⁸⁴

... the doctrine of waiver by acceptance of benefits is applicable only, if at all, to patients receiving benefits. As to third persons, the rule of responsibility for negligence of servants or agents is applied as in cases of ordinary business corporations.

Courts Frequently Disagree on the Question of Who Is a Beneficiary of the Hospital and Who Is a Stranger

While this appears to be the general rule in the jurisdictions indicated, some apparent qualifications may be noted. For example, courts will not hold charitable hospitals liable in the absence of clear evidence that the injury complained of was the result of negligence.⁸⁵ Courts also disagree, frequently, on the question of who is a beneficiary and who is a stranger. For example, in New Jersey it has been held that a nurse who enrolled in a course in nursing instruction that was being offered in a nurses' home, was not a complete stranger but a beneficiary of the hospital, although she paid her fees to the college offering the course, and the college made a donation to the hospital.⁸⁶ Consequently, when she fell into an areaway because the railing had rusted away, the court refused to permit her to collect damages from the hospital. In another New Jersey case, the court held that a private-duty nurse who was injured while caring for a patient was a stranger to the charity rather than a beneficiary although she was a graduate of the hospital and was listed on its nurses' registry and was called to her case by the hospital's director of nurses.⁸⁷ (Continued on Next Page)

in *City of Norfolk v. Thompson*, 81 S.E. 13, 116 Va. 101 (1914); *Walker v. Memorial Hospital*, 45 S.E. (2d) 898, 187 Va. 5 (1948); *Heckman v. Sisters of Charity of House of Providence*, 406 P. (2d) 593, 5 Wash. (2d) 699 (1940).

⁷⁹*Cohen v. General Hospital Society of Connecticut*, 154 A. 435, 113 Conn. 188 (1931).

⁸⁰*Sisters of Charity of Cincinnati v. Duvelius*, 173 N.E. 737, 123 Ohio 52 (1930).

⁸¹*Alabama Baptist Hospital Board v. Carter*, 145 So. 443, 226 Ala. 109 (1933).

⁸²*Alabama Baptist Hospital Board v. Carter*, 145 So. 443, 226 Ala. 109 (1933); *Lusk v. U.S. Fidelity & Guaranty Co.*, 199 So. 666 (La.) (1941); *Bonawit v. Sisters of Charity of St. Vincent's Hospital*, 182 N.E. 661, 43 Ohio App. 347 (1932).

⁸³*Casper v. Cooper Hospital*, 98 A. (2d) 605, 26 N.J. Sup. 535 (1953).

⁸⁴*Rose v. Raleigh Fitkin-Paul Morgan Memorial Hospital*, 57 A. (2d) 29, 136 N.J.L. 553 (1948).

⁷⁹*Baptist Memorial Hospital v. Couillens*, 140 S.W. (2d) (1088), 176 Tenn. 300 (1940).

⁸⁰*Robertson v. Executive Committee of Baptist Convention*, 190 S.E. 432, 55 Ga. App. 469 (1937).

⁸¹*Henry W. Putman Memorial Hospital v. Allen*, 34 Fed. (2d) 927 (1929); *President and Directors of Georgetown College v. Hughes*, 130 Fed. (2d) 810 (1942); *Alabama Baptist Hospital Board v. Carter*, 145 So. 443, 226 Ala. 109 (1933); *Cohen v. General Hospital Society of Connecticut*, 154 A. 435, 113 Conn. 188 (1931); *Lusk v. U.S. Fidelity & Guaranty Co.*, 199 So. 666 (La.) (1941); *McInery v. St. Luke's Hospital Ass'n of Duluth*, 141 N.W. 837, 122 Minn. 10 (1913); *Marble v. Nicholas Senn Hospital Ass'n*, 167 N.W. 208, 102 Neb. 343 (1918); *Hewett v. Woman's Hospital Aid Ass'n*, 64 A. 190, 73 N.H. 556, (1906); *Nickerson v. Laconia Hospital Ass'n*, 79 A. (2d) 5 (N.H.) (1951); *Daniels v. Rabway Hospital*, 160 A. 644, 10 N.J. Misc. 585 (1932); *Kolb v. Monmouth Memorial Hospital*, 182 A. 822, 116 N.J.L. 118 (1936); *Rose v. Raleigh Fitkin-Paul Morgan Memorial Hospital*, 57 A. (2d) 178, 22 N.J. Misc. 311 (1947); *Lindroth v. Christ Hospital*, 123 A. (2d) 10 (N.J.) (1956); *Hordern v. Salvation Army*, 92 N.E. 626, 199 N.Y. 233 (1910); *Kellogg v. Church Charity Foundation of Long Island*, 96 N.E. 406, 203 N.Y. 191 (1911); *Schloendorff v. Society of New York Hospital*, 105 N.E. 92, 211 N.Y. 125 (1914); *Van Ingen v. Jewish Hospital of Brooklyn*, 164 N.Y.S. 832, 99 Misc. Rep. 655 (1917); *Murtha v. New York Homeopathic Medical College and Flower Hospital*, 126 N.E. 722, 228 N.Y. 183, affirming 169 N.Y.S. 1105, 183 App. Div. 886 (1920); *Grawunder v. Beib Israel Hospital Ass'n*, 272 N.Y.S. 171, 242 App. Div. 56 (1934); *Johnsen v. Staten Island Hospital, Inc.*, 283 N.Y.S. 664, 246 App. Div. 638 (1935); affirmed 2 N.E. (2d) 674, 271 N.Y. 519 (1936); *Greenfield v. Hospital Ass'n of City of Schenectady*, 16 N.Y.S. (2d) 729, 258 App. Div. 352 (1940); *Necolayff v. Genesee Hospital*, 61 N.Y.S. (2d) 832, 270 App. Div. 648 (1946); *Cowans v. North Carolina Baptist Hospitals, Inc.*, 147 S.E. 672, 197 N.C. 41 (1929); *Sisters of Charity of Cincinnati v. Duvelius*, 173 N.E. 737, 123 Ohio 52 (1930); *Basabo v. Salvation Army*, 85 A. 120, 35 R.I. 22 (1912); *Felan v. Lucey*, 259 S.W. (2d) 302 (Tex.) (1953); *Hospital of St. Vincent of Paul*

The court rejected the hospital's contention that the nurse was in the "beneficiary class" because her association with the hospital was advantageous to her, and held the hospital liable. A federal court, in a somewhat similar case, has also held that a special nurse caring for a private patient in a charitable hospital is a stranger to the charity and entitled to recover for injuries resulting from the negligence of the hospital's employees and agents.⁸⁸ An Ohio court has held similarly in the same type of case.⁸⁹ In this connection it has also been held that physicians and surgeons not employed by a charitable hospital but caring for patients housed therein are strangers to the charity,⁹⁰ and can recover for injuries resulting from the negligence of the hospital. It has also been held that an employee of a hospital is a stranger to the charity, so as to make the hospital liable for his negligent injury.⁹¹ On the other hand, the reverse of this has been held in Missouri⁹² and California.⁹³ In Missouri, in what appeared to be a case of first impression, the court refused to discard the trust-fund theory previously applied to injured patients, when confronted with a case involving employees. It was very careful to point out that its decision was applicable to the case in hand solely, and it stated that some case might arise at some future date in which a charitable hospital would be held liable to an employee on the ground of tort.⁹⁴

Courts, in determining whether one is a stranger to the particular charity have, on occasion, differentiated between licensees and invitees. In Colorado a woman, under the mistaken idea that a friend was in a certain hospital, visited the hospital, tripped, fell over a suitcase left in a darkened pathway, and was injured. She brought an action against the hospital for damages, contending she was an invitee. The hospital contended she was only a licensee and that for her injury it was without liability. The court ruled for the hospital and said:

To be an invitee, it was necessary to show that she went onto defendant's premises upon an express or implied invitation on business of mutual interest, or in connection with the owner's or occupant's business as there carried on.⁹⁵

It commented to the effect that it was difficult to see how a visit to a person not in the hospital could be of mutual interest to defendant and identified the plaintiff as "a bare licensee." It added that, as an invitee the defendant owed her the duty of care, but, as a licensee, the only duty owed her

was to see that she was protected against willful or intentional injury. In a federal case it was held that where an employee went to her private physician who diagnosed her difficulty as encephalitis and permitted her to remain in the maid's quarters of the hospital until arrangements could be made with relatives for her care, she was not a stranger to the charity. While she was in the hospital as neither a patient nor an employee, it was held that she was a "licensee" and, as such, the hospital was not liable for injuries sustained when she fell out of the window when sleep walking.⁹⁶

While most courts appear to hold that one visiting a sick person in a hospital is an invitee, so as to hold the hospital liable for any injury resulting from negligence,⁹⁷ it is significant that a New Jersey court has held differently, although there are New Jersey decisions holding hospitals liable to strangers. In this case a mother, while visiting her daughter who was confined in a hospital, slipped on a wet floor, fell and was injured. The court, in holding the hospital not liable, refused the mother's contention that she was not a beneficiary of the charity and said:

In a very real sense the charitable impulses which served the patient served also the patient's mother, indeed served all those who, by whatever bond of attachment, suffered through the infirmity of the patient or were eased by the lightening of her pain.⁹⁸

Hospital Held Liable for Maintaining a Known Dangerous Situation Without Warning the Plaintiff of the Danger

It is also significant that in New Hampshire, where the courts have consistently held charitable hospitals liable for tort, one court has held a hospital immune from liability for injuries received by a woman who, while coming to visit her husband, slipped and fell on a "glare of ice."⁹⁹ It justified its action by holding that she was a "gratuitous licensee" and not an invitee (see Col. 1). It reasoned that the relationship between an invitee and a hospital is one of mutual benefit, and stated that in this case the mutuality of interest was between the plaintiff and her husband and not between the plaintiff and the hospital. This appears to have been overruled in a later case in which one, who came to a hospital to visit his sister-in-law, was injured while waiting on the porch, when the chain railing against which he was leaning pulled out of a wooden plug, permitting him to fall. He brought an action for damages against the hospital and recovered, although the court characterized him as a "gratuitous licensee" also. It held that the hospital was liable for maintaining a known dangerous situation without warning the plaintiff of such.¹⁰⁰

(b) *Liability for Injuries to Paying Patients.*—Under the rule that a charitable hospital, otherwise immune from liability, is liable for injuries received by strangers to the charity, some states have held such a hospital is liable for injuries received by a paying patient when the injury com-

⁸⁸*President and Directors of Georgetown College v. Hughes*, 130 Fed. (2d) 810 (1942). (It is significant that three justices approved the verdict on the ground that the nurse was a stranger to the charity, while three approved it on the broader ground that a charitable corporation is liable for tort just as is any other corporation.)

⁸⁹*Sisters of Charity of Cincinnati v. Duvelius*, 173 N.E. 737, 123 Ohio 52 (1930).

⁹⁰*Marble v. Nicholas Senn Hospital Ass'n.*, 167 N.W. 208, 102 Neb. 343 (1918); *Lindroth v. Christ Hospital*, 123 A. (2d) 10 (N.J.) (1956).

⁹¹*Schloendorff v. Society of New York Hospital*, 105 N.E. 92, 211 N.Y. 125 (1914); *McInery v. St. Luke's Hospital Ass'n. of Duluth*, 141 N.W. 837, 122 Minn. 10 (1913); *Hewett v. Woman's Hospital Aid Ass'n.*, 64 A. 190, 73 N.H. 556 (1906); *Cowans v. North Carolina Baptist Hospitals, Inc.*, 147 S.E. 672, 197 N.C. 41 (1929).

⁹²*Whittaker v. St. Luke's Hospital*, 117 S.W. 1189, 137 Mo. App. 116 (1909).

⁹³*Thomas v. German Gen'l. Benevolent Ass'n.*, 141 P. 1186, 168 Cal. 183 (1914).

⁹⁴*Whittaker v. St. Luke's Hospital*, 117 S.W. 1189, 137 Mo. App. 116 (1909).

⁹⁵*Field v. Sisters of Mercy of Colorado*, 245 P. (2d) 1167 (Colo.) (1952).

⁹⁶*Mary's Hospital v. Scanlon*, 71 Fed. (2d) 739 (1934).

⁹⁷*Alabama Baptist Hospital Board v. Carter*, 145 So. 443, 226 Ala. 109 (1933); *Cohen v. General Hospital Society of Connecticut*, 154 A. 435, 113 Conn. 188 (1931); *Lusk v. U.S. Fidelity & Guaranty Co.*, 199 So. 666 (La.) (1941); *Sisters of Charity of Cincinnati v. Duvelius*, 173 N.E. 737, 123 Ohio 52 (1930); *Hospital of St. Vincent of Paul in City of Norfolk v. Thompson*, 81 S.E. 13, 116 Va. 101 (1914); *Walker v. Memorial Hospital*, 45 S.E. (2d) 898, 187 Va. 5 (1948).

⁹⁸*Boeckel v. Orange Memorial Hospital*, 158 A. 832, 108 N.J.L. 453 (1932).

⁹⁹*Sandwell v. Elliott Hospital*, 24 A. (2d) 273, 92 N.H. 41 (1942).

¹⁰⁰*Nickerson v. Laconia Hospital Ass'n.*, 79 A. (2d) 5 (N.H.) (1951).

plained of is the result of the negligence of the hospital, its agents, servants or employees.¹⁰¹ In these decisions courts generally reason that a paying patient, like a stranger, is not a beneficiary of the hospital's charity. Nevertheless, numerically speaking, more states that accept the rule of the hospital's immunity make it applicable to paying and non-paying patients alike.¹⁰² In Massachusetts, when this question was before the court, it was contended that the hospital should be held liable on the basis of contract.¹⁰³ In this case a patient died as the result of having erroneously been given corrosive sublimate instead of Epsom salts. An action was brought against the hospital. It was contended that the hospital should be held liable on an oral contract between

the hospital and the patient, whereby the hospital agreed to furnish the patient with "careful and proper care and treatment." The court rejected this contention and said: "There can be no liability in contract such as here alleged, if none exists in tort."

In a West Virginia case, when the court was asked to hold a hospital liable for the negligent injury to a paying patient, the court ruled that such a patient is also the recipient of charity and said:

The fact that one is a paying patient does not alter the rule [of immunity]. Such patient is the recipient of the donor's gratuity only in a lesser degree than one who makes no payment.¹⁰⁴

To somewhat the same effect is a Virginia decision.¹⁰⁵ When a newborn baby died as the result of burns received from a hot water bottle that was placed in his basket, the father brought an action for damages against the hospital in which the court found it necessary to rule on the question of the hospital's liability to a paying patient. In so doing, it said:

The public charity which the patient pays for the privilege of enjoying is the hospital's building, with all of its equipment and management, the care and nursing, and the rules and regulations under which it is operated, whereby it is kept sanitary and is made comfortable. All of these are provided by charity before the patient applies for admission, and he pays for the privilege of enjoying them as he finds them, and his payments go to the further maintenance of the charity of which others coming after him are to enjoy the benefits. He is receiving the benefits which charity has provided. In this sense he is a charity patient. It is true that he is paying for the privilege he enjoys, and this may entitle him to greater luxuries which his money can supply, but not to any greater care or freedom from negligence on the part of the attendants. The rich and the indigent stand on the same footing as to protection against such negligence.

In New York, when a paying patient brought an action against a hospital for damages allegedly resulting from an operation performed without her consent, the court had the following to say on this matter:

It is said that one who accepts the benefit of a charity enters into a relation which exempts one's benefactor from liability for the negligence of his servants in administering the charity. . . . The hospital remains exempt, though the patient makes some payment to help defray the cost of board. . . . Such a payment is regarded as a contribution to the income of the hospital, to be devoted, like its other funds, to the maintenance of the charity.¹⁰⁶

On the other hand, in holding a hospital liable in tort for injuries received by a paying patient, a Tennessee court has said:

It must be true, as a general rule, that those who enter the grounds and premises of charitable institutions have no special knowledge that such institutions are not liable for dangerous conditions therein or thereupon existing. We all know that many of such institutions acquire very extensive properties, and that their activities cover a wide field; the patients admitted thereto, who pay for services, pay full fees, and to all

¹⁰¹*Tucker v. Mobile Infirmary Ass'n.*, 68 So. 4, 191 Ala. 572 (1915) (not clear if this rule is of general application or is applicable to paying patients only); *Moats v. Sisters of Charity of Providence*, 13 Alaska 546 (1952); *England v. Hospital of the Good Samaritan*, 97 P. (2d) 813, 14 Cal. (2d) 791 (1940) (charitable status of the hospital in this case was not clearly defined); *Nicholson v. Good Samaritan Hospital*, 199 So. 344, 145 Fla. 360 (1941); *Wheat v. Idaho Falls Latter Day Saints Hospital*, 297 P. (2d) 1041 (Idaho) (1956); *Mississippi Baptist Hospital v. Holmes*, 55 So. (2d) 142 (Miss.) (1951); *Sisters of the Sororiful Mother v. Zeidler*, 82 P. (2d) 996, 183 Okla. 454 (1938); *Sepaugh v. Methodist Hospital*, 202 S.W. (2d) 985 (Tenn.) (1946); *Pierce v. Yakima Valley Memorial Hospital Association*, 260 P. (2d) 765 (Wash.) (1953).

¹⁰²*Powers v. Massachusetts Homeopathic Hospital*, 109 Fed. 294 (1901); *White v. Providence Hospital*, 80 F. Supp. 76 (1943); *Ellsworth v. Brattleboro Retreat*, 68 F. Supp. 706 (1946); *Southern Methodist Hospital and Sanatorium of Tucson v. Wilson*, 46 P. (2d) 118, 45 Ariz. 507 (1935); *Southern Methodist Hospital and Sanatorium of Tucson v. Wilson*, 77 P. (2d) 458, 51 Ariz. 424 (1938); *Burdell v. St. Luke's Hospital*, 173 P. 1008, 37 Cal. App. 310 (1918); *Stonaker v. Big Sisters Hospital*, 2 P. (2d) 520, 116 Cal. App. 375 (1931); *Armstrong v. Wallace*, 47 P. (2d) 740, 8 Cal. App. (2d) 429 (1935); *Hearns v. Waterbury Hospital*, 33 A. 595, 66 Conn. 98 (1895); *Cashman v. Meriden Hospital*, 169 A. 915, 117 Conn. 585 (1933); *St. Vincent's Hospital v. Stine*, 144 N.E. 537, 195 Ind. 350 (1924); *Mikota Adm'r. v. Sisters of Mercy*, 168 N.W. 219, 183 Iowa 1378 (1918); *Jensen v. Maine Eye & Ear Infirmary*, 78 A. 898, 107 Me. 408 (1910); *Roosen v. Peter Bent Brigham Hospital*, 126 N.E. 392, 235 Mass. 66 (1920); *Beverly Hospital v. Early*, 197 N.E. 641 (Mass.) (1935); *Downes v. Harper Hospital*, 60 N.W. 42, 101 Mich. 555 (1894); *Bruce v. Henry Ford Hospital*, 236 N.W. 813, 254 Mich. 394 (1931); *Nicholas v. Evangelical Deaconess Home and Hospital*, 219 S.W. 643, 281 Mo. 182 (1920); *Duncan v. Nebraska Sanitarium Benev. Ass'n.*, 137 N.W. 1120, 92 Neb. 162 (1912); *Muller v. Nebraska Methodist Hospital*, 70 N.W. (2d) 86, 160 Neb. 279 (1955); *D'Amato v. Orange Memorial Hospital*, 127 A. 340 (N.J.) (1925); *Fair v. Atlantic City Hospital*, 50 A. (2d) 376, 25 N.J. Misc. 66 (1946); *Ward v. St. Vincent's Hospital*, 50 N.Y.S. 466, 23 Misc. Rep. 91 (1898); *Collins v. New York Post-Graduate Medical School and Hospital*, 69 N.Y.S. 106, 59 App. Div. 63 (1901); *Schloendorff v. Society of New York Hospital*, 105 N.E. 92, 211 N.Y. 125 (1914); *Williams v. Randolph Hospital, Inc.*, 75 S.E. (2d) 303, 237 N.C. 387 (1953); *Williams v. Union County Hospital Assn.*, 75 S.E. (2d) 308, 237 N.C. 395 (1953); *Taylor v. Protestant Hospital Ass'n.*, 96 N.E. 1089, 85 Ohio 90 (1911); *Walsh v. Sisters of Charity of St. Vincent's Hospital*, 191 N.E. 791, 47 Ohio App. 228 (1933); *Gregory v. Salem General Hospital*, 153 P. (2d) 837, 175 Ore. 464 (1945); *Gable v. Sisters of St. Francis*, 75 A. 1087, 227 Pa. 254 (1910); *Lindler v. Columbia Hospital*, 81 S. E. 512, 98 S.C. 25 (1914); *Baylor University v. Boyd*, 18 S.W. (2d) 700 (Tex.) (1929); *Hotel Dieu v. Armendarez*, 167 S.W. 181 (Tex.) (1914), affirmed 210 S.W. 518 (Tex.) (1919); *Weston's Adm'x. v. Hospital of St. Vincent of Paul*, 107 S.E. 785, 131 Va. 587 (1921); *Magnuson v. Swedish Hospital*, 169 P. 828, 99 Wash. 399 (1918); *Tribble v. Missionary Sisters of the Sacred Heart*, 242 P. 372, 137 Wash. 326 (1926); *Roberts v. Ohio Valley General Hospital*, 127 S.E. 318, 98 W.Va. 476 (1925); *Fisher v. Ohio Valley Gen'l. Hospital Ass'n.*, 73 S.E. (2d) 667 (W.Va.) (1952); *Meade v. St. Francis Hospital of Charleston*, 74 S.E. (2d) 405 (W.Va.) (1953); *Schau v. Morgan*, 6 N.W. (2d) 212, 241 Wis. 334 (1942).

¹⁰³*Roosen v. Peter Bent Brigham Hospital*, 126 N.E. 392, 235 Mass. 66 (1920).

¹⁰⁴*Roberts v. Ohio Valley General Hospital*, 127 S.E. 318, 98 W.Va. 476 (1925).

¹⁰⁵*Weston's Adm'x. v. Hospital of St. Vincent of Paul*, 107 S.E. 785, 131 Va. 587 (1921).

¹⁰⁶*Schloendorff v. Society of New York Hospital*, 105 N.E. 92, 211 N.Y. 125 (1914).

TABLE I. PRESENT STATUS OF LIABILITY OF CHARITABLE HOSPITALS FOR TORT,
AS REFLECTED IN DECISIONAL LAW

State or Jurisdiction	Immune to Beneficiaries of Charity	Liable to Strangers to Charity	Liable to Paying Patients	Liable for Negligence in Selection and Retention of Employees (a)	Liable for Torts of Employees Except Those Committed in Carrying Out Medical Acts	Full Liability	Liable But No Recovery Out of Trust Funds	Liable to Extent of Insurance Carried	Immunity Unaffected by Insurance
Alabama.....		yes	yes			(g)			
Alaska.....			yes			(g)			
Arizona.....						yes			
Arkansas.....	yes			yes					
California.....						yes			
Colorado.....		no (e)					yes	yes	
Connecticut.....	yes	yes	no	yes					yes
Delaware.....						yes			
District of Columbia.....		yes				(g)			
Florida.....			yes			(g)			
Georgia.....			yes	yes			yes (f)		
Idaho.....	yes		yes						
Illinois.....	yes	no		no				yes	
Indiana.....	yes		no	yes					
Iowa.....						yes			
Kansas.....						yes			
Kentucky.....	yes		no						
Louisiana.....		yes	no	yes				yes (c)	
Maine.....	yes		no						
Maryland.....	yes							yes (d)	
Massachusetts.....	yes		no	no					
Michigan.....	yes		no						
Minnesota.....						yes			
Mississippi.....	yes		yes	yes		(g)			yes
Missouri.....	yes	no	no						yes
Montana.....	yes								
Nebraska.....	yes	yes	no						yes
Nevada.....	yes								
New Hampshire.....						yes			yes
New Jersey.....	yes	yes (b)	no						yes
New Mexico.....									
New York.....		yes	yes	yes	yes				
North Carolina.....	yes	yes	no	yes					
North Dakota.....						yes			
Ohio.....						yes			
Oklahoma.....			yes						
Oregon.....	yes		no						
Pennsylvania.....	yes	no	no						
Rhode Island.....						yes (h)			
South Carolina.....	yes		no						
South Dakota.....									
Tennessee.....			yes				yes	yes	
Texas.....	yes	yes	no	yes					
Utah.....			yes						
Vermont.....						yes			
Virginia.....	yes	yes	no	yes					
Washington.....	yes	yes	yes	yes					
West Virginia.....	yes		no	yes					yes
Wisconsin.....	yes		no	yes					yes
Wyoming.....	yes								

(a) Based upon dicta, largely.

(b) Held mother of a patient was a beneficiary not a stranger.

(c) By statute the injured party may bring suit against the insurer, directly.

(d) By statute.

(e) Stranger was a "bare licensee."

(f) In case of paying patient.

(g) In some court decisions these states are referred to as having adopted rule of full immunity. They appear to have adopted a rule of qualified immunity, however, which may well be extended to full immunity when the question is raised.

(h) Changed by statute.

intents and purposes they are competing with private institutions of like character. They touch the public in many respects, and under present conditions, it does not seem fair to say that such institutions shall be absolutely exempt from suit for injuries sustained by one who is not a beneficiary of the trust, but who is injured through the wrong of the institution.¹⁰⁷

Likewise, a Mississippi court justified taking a similar position by saying:

... it would be in keeping with the Christian and philanthropic spirit of the contributors to a charitable institution that a patient who has paid more than cost of the services rendered by the institution should be compensated for a wrongful injury done through the negligence of one of its employees.¹⁰⁸

(c) *Liability for Negligence in Selection and Retention of Employees.*—As was stated earlier, the many exceptions to the rule of immunity of charitable hospitals for tort tend to devastate or demolish the doctrine. Therefore, instead of speaking of hospitals as being immune from liability, it would be more precise to say: "Charitable hospitals are not liable for the negligent acts of their agents, employees, and servants." As has already been shown (pp. 91-2), they are, in some jurisdictions, held liable for their own acts of negligence and, sometimes, for the negligence of their officers, managers and directors. One of the discretionary duties with which charitable hospitals are clothed, and which they exercise through their official governing bodies, is the determination of whom to select and retain as employees. Many courts which accept the doctrine of immunity for negligence amplify or qualify it by declaring that charitable hospitals are liable for negligence in the selection and retention of employees.¹⁰⁹ In other words they hold that charitable hos-

pitals are immune from liability for the torts of their agents, employees and servants provided that such hospitals are not negligent in the selection and retention of such employees. An Ohio court has stated this rule as follows:

Whatever may be the law in other jurisdictions, it must be considered as settled in Ohio that if the trustees of a public charitable hospital exercise reasonable care to select and retain competent physicians, nurses, employees, and servants, the hospital is not liable to a patient for damages resulting from the negligence and incompetence of those so selected and retained.¹¹⁰

In commenting on what constitutes incompetency in a nurse, a Virginia court has said:

If she is lacking in educational preparation, if she is guilty of indiscretions that impair her physical or mental status, if she is lacking in that moral character which imbues the patient with confidence, then it cannot be said that she is a competent person to be placed in charge of a helpless patient.¹¹¹

While this question has not been before the courts in some jurisdictions, and therefore it cannot be predicted how all might rule, in at least three states the rule of liability for negligence in the selection of employees has been rejected.¹¹² In Illinois, when a patient developed a paralytic arm because she was strapped to a hospital table improperly, she brought an action against the hospital charging it with improperly, knowingly, and negligently employing and retaining incompetent servants. In support of her charge, she contended that a charitable hospital's immunity from tort did not extend to a case where a hospital negligently hired and retained incompetent servants and employees. The court, pointing out that in Illinois immunity was grounded on the trust-fund theory and on the doctrine that *respondet superior*

¹⁰⁷McLeod v. St. Thomas Hospital, 95 S.W. (2d) 917, 170 Tenn. 423 (1936).

¹⁰⁸Mississippi Baptist Hospital v. Holmes, 55 So. (2d) 142 (Miss.) (1951).

¹⁰⁹Union Pac. Ry. Co. v. Artist, 60 Fed. 365 (1894); White v. Providence Hospital, 80 F. Supp. 76 (1943); Southern Methodist Hospital and Sanatorium of Tucson v. Wilson, 77 P. (2d) 458, 51 Ariz. 424 (1938); Arkansas Midland R. Co. v. Pearson, 135 S.W. 917, 98 Ark. 399 (1911); Meyer v. McNutt Hospital, 159 P. 436, 173 Cal. 156 (1916); Burdell v. St. Luke's Hospital, 173 P. 1008, 37 Cal. App. 310 (1918); Armstrong v. Wallace, 47 P. (2d) 740, 8 Cal. App. (2d) 429 (1935); Hearn v. Waterbury Hospital, 33 A. 595, 66 Conn. 98 (1895); Tocchetti v. Cyril and Julia C. Johnson Memorial Hospital, 36 A. (2d) 381, 130 Conn. 623 (1944); Edwards v. Grace Hospital Society, 36 A. (2d) 273, 130 Conn. 568 (1944); Haliburton v. General Hospital Society of Conn., 48 A. (2d) 261, 133 Conn. 61 (1946); Evans v. Lawrence & Memorial Associated Hospitals, 50 A. (2d) 443, 133 Conn. 311 (1946); Georgia Baptist Hospital v. Smith, 139 S.E. 101, 37 Ga. App. 92 (1927); Huber v. Deaconess Hospital Ass'n of Evansville, 133 N.E. (2d) 864 (Ind.) (1956); Eighth v. Union Pac. Ry. Co., 61 N.W. 1056, 93 Iowa 538 (1895); Nicholson v. Atchinson, Topeka & Santa Fe Hospital Ass'n., 155 P. 920, 97 Kan. 480 (1916); Foye v. St. Francis Sanitarium and Training School for Nurses, 2 La. App. 305 (1925); International Order of Twelve Knights and Daughters of Labor in Miss. v. Barnes, 37 So. (2d) 487 (Miss.) (1948); Harris v. Woman's Hospital, 14 N.Y.S. 881, 27 Abb. N.C. 37 (1891); Van Tassel v. Manhattan Eye & Ear Hospital, 15 N.Y.S. 620, 60 Hun. 585 (1891); Ward v. St. Vincent's Hospital, 50 N.Y.S. 466, 23 Misc. Rep. 91 (1898); Collins v. New York Post-Graduate Medical School and Hospital, 69 N.Y.S. 106, 59 App. Div. 63 (1901); In re Agnew's Will, 230 N.Y.S. 519, 132 Misc. 466 (1928); Roewekamp v. New York Post-Graduate Medical School and Hospital, 4 N.Y.S. (2d) 751, 254 App. Div. 265 (1938); Howe v. Medical Arts Center Hospital, 26 N.Y.S. (2d) 957, 261 App. Div. 1088, affirmed 39 N.E. (2d) 303, 287 N.Y. 698 (1941); Nicolayoff v. Genesee Hospital, 61 N.Y.S. (2d) 832, 270 App. Div. 648 (1946); White v. Prospect Heights Hospital, 103 N.Y.S. (2d) 859, 278 App. Div. 789 (1951); Lewis v. Columbus Hospital, 151 N.Y.S. (2d) 391 (1956); Hoke et al.

v. Glenn et al., 83 S.E. 807, 167 N.C. 594 (1914); Williams v. Union County Hospital Ass'n., 67 S.E. (2d) 662, 234 N.C. 536 (1951); Williams v. Randolph Hospital Inc., 75 S.E. (2d) 303, 237 N.C. 387 (1953); Taylor v. Protestant Hospital Ass'n., 96 N.E. 1089, 85 Ohio 90 (1911); Taylor v. Flower Deaconess Home and Hospital, 135 N.E. 287, 104 Ohio 61 (1922); Sisters of Charity of Cincinnati v. Duvelius, 173 N.E. 737, 123 Ohio 52 (1930); City Hospital of Akron v. Lewis, 192 N.E. 140, 47 Ohio App. 465 (1934); Galveston H. and S.A. Ry. Co. v. Hanway, 57 S.W. 695, affirmed 58 S.W. 724, 94 Tex. 76 (1900); St. Paul's Sanitarium v. Williamson, 164 S.W. 36 (Tex.) (1914); Brown v. Providence Sanitarium, 229 S.W. 588 (Tex.) (1921); Koenig v. Baylor Hospital, 10 S.W. (2d) 396 (Tex.) (1928); Baylor University v. Boyd, 18 S.W. (2d) 700 (Tex.) (1929); Enell v. Baptist Hospital, 45 S.W. (2d) 395 (Tex.) (1931); Steele v. St. Joseph's Hospital, 60 S.W. (2d) 1083 (Tex.) (1933); Medical & Surgical Memorial Hospital v. Cauthorn, 229 S.W. (2d) 932 (Tex.) (1950); Felan v. Lucey, 259 S.W. (2d) 302 (Tex.) (1953); Jones v. Baylor Hospital, 284 S.W. (2d) 929 (Tex.) (1955); Norfolk Protestant Hospital v. Plunkett, 173 S.E. 363, 162 Va. 151 (1934); Richardson v. Carbon Hill Coal Co., 39 P. 95, 10 Wash. 648 (1895); Tribble v. Missionary Sisters of the Sacred Heart, 342 P. 372, 137 Wash. 326 (1926); Bise v. St. Luke's Hospital, 43 P. (2d) 4, 181 Wash. 269 (1935); Miller v. Mohr, 89 P. (2d) 807, 198 Wash. 619 (1939); Canney v. Sisters of Charity of House of Providence, 130 P. (2d) 899 (Wash.) (1942); Roberts v. Ohio Valley Gen'l Hospital, 127 S.E. 318, 98 W.Va. 476 (1925); Fisher v. Ohio Valley Gen'l Hospital Ass'n., 73 S.E. (2d) 667 (W.Va.) (1952); Meade v. St. Francis Hospital of Charleston, 74 S.E. (2d) 405 (W.Va.) (1953); Morrison v. Henke et al., 160 N.W. 173, 165 Wis. 166 (1916).

¹¹⁰City Hospital of Akron v. Lewis, 192 N.E. 140, 47 Ohio App. 465 (1934).

¹¹¹Norfolk Protestant Hospital v. Plunkett, 173 S.E. 363, 162 Va. 151 (1934).

¹¹²Lenahan v. Ancilla Domini Sisters, 72 N.E. (2d) 445, 331 Ill. App. 27 (1947); Roosen v. Peter Bent Brigham Hospital, 126 N.E. 392, 235 Mass. 66 (1920); Schumacher v. Evangelical Deaconess Society of Wisconsin, 260 N.W. 476, 218 Wis. 169 (1935).

is not applicable to charitable institutions, rejected this contention and ruled in favor of the hospital.¹¹³

In concluding a discussion of this matter of liability for the negligent selection and retention of employees, it should be pointed out that most of the courts' pronouncements on this subject have not resulted from direct decisions on the question of the liability of a charitable hospital for the negligent selection or retention of a particular employee or employees. Instead, it appears that they are, largely, the result of *dicta*, i.e. statements made by courts on questions not before them for decision.¹¹⁴ In jurisdictions adhering to the rule of immunity, the matter is rather generally accepted.

New York Calls Charitable Hospital Liable for Negligence of Doctors and Nurses in Performance of Administrative Acts

(d) *Liability for Negligence of Doctors and Nurses in the Performance of Administrative Acts.*—A final modification of the rule of immunity of charitable hospitals for the torts of their agents, employees and servants is found in the state of New York. Here, it is now held that a charitable hospital is liable for the negligence of its doctors and nurses in the performance of administrative acts or duties but it is not liable for their negligence in the performance of medical or professional acts.¹¹⁵ Because it appears that this rule is applicable to private as well as charitable hospitals, the reader is referred to a discussion of this same rule in connection with the section dealing with private hospitals (p. 176).

Before considering this rule, it might be well to look at the history of New York court decisions in this field. In the beginning, the New York cases appeared to favor the rule of immunity (see page 88), but they recognized one modification of the rule. They held it was applicable only in those cases where it was not shown that the hospital was negligent in the selection and retention of its professional employees (see pp. 97ff.). In one of the earliest New York cases, the court stated the rule as follows: "The defendant [hospital] is not liable, except for the omission to give due care to the selection of its skilled employees, surgeons, and others."¹¹⁶ At an early date the courts also appeared to recognize a second modification. They applied the rule of immunity solely to cases of injuries received by beneficiaries of the charity

and held the hospitals liable for torts committed against those who were strangers to the charity (see pp. 93ff.). One court had the following to say on this matter:

... it must now be regarded as "settled" that a charitable corporation is not exempt from liability for a tort against a stranger, because of the fact that it holds its property in trust to be applied to purpose of charity.¹¹⁷

In 1914, however, a decision was rendered which, while recognizing the immunity of a hospital from tort when the hospital was not negligent in its selection of doctors and nurses, appeared to go a step further, thus foreshadowing a new rule. It stated that physicians and nurses, while engaged in treating patients, were not servants of the hospital, for whose negligence the hospital might be held liable, but, it implied, at least, that nurses perform some acts that are foreign to their professional duties—acts which have some relation to the administration of the hospital. The implication seems clear that a hospital might be held liable for the negligent performance of these acts. In this case,¹¹⁸ a patient who, allegedly, was operated on without her consent, brought an action in tort against the hospital. The court held the hospital not liable, but Justice Cardozo, who wrote the opinion, made the following comments:

It is true, I think, of nurses, as of physicians, that, in treating a patient, they are not acting as servants of the hospital. . . . But nurses are employed to carry out the orders of the physicians, to whose authority they are subject. The hospital undertakes to procure for the patient the services of a nurse. It does not undertake, through the agency of nurses, to render those services itself. The reported cases make no distinction in that respect between the position of a nurse and that of a physician . . . ; and none is justified in principle. If there are duties performed by nurses foreign to their duties in carrying out the physician's orders, and having relation to the administrative conduct of the hospital, the fact is not established in this record. . . .

Fourteen years later a court, in following the path blazed by the *Schloendorff* case, again recognized the administrative aspects of the nurse's job, and again implied that a charitable hospital might be held liable for a nurse's negligent performance of these administrative duties.¹¹⁹ Here, the court, in commenting on the liability of a charitable hospital for an injury received by a private nurse while performing an act assigned him by the superintendent of the hospital, said:

In conducting this business the corporation must have employees, who are charged with administrative functions. To such persons it is, of course, liable on its contract of employment, and it may incur liability for the acts of such employees under the doctrine of respondent superior . . . ; or there may be liability for compensation to one admittedly employed and engaged at the time in duties which were "part of the administrative routine."

In this decision two things should be noted. First, the court differentiated between an employee's professional or medical duties and his administrative duties. Likewise, it seems to indicate that hospitals may be held liable under *respondent superior* for the negligence of their employees or

¹¹³*Lenaban v. Ancilla Domini Sisters*, 72 N.E. (2d) 445, 331 Ill. App. 27 (1947).

¹¹⁴This point of view is supported by: *Schumacher v. Evangelical Deaconess Society of Wisconsin*, 260 N.W. 476, 218 Wis. 169 (1935).

¹¹⁵*Martucci v. Brooklyn Children's Aid Society*, 133 Fed. (2d) 252 (1943); *Lainen v. Tonsil Hospital*, 36 N.Y.S. (2d) 55 (1942); *Misthal v. Israel Zion Hospital*, 45 N.Y.S. (2d) 203 (1944); *Kaps v. Lenox Hospital*, 51 N.Y.S. (2d) 791 (1944); affirmed 56 N.Y.S. (2d) 415, 269 App. Div. 830 (1945); *Necolayff v. Genesee Hospital*, 61 N.Y.S. (2d) 832, 270 App. Div. 648 (1946); *Iacona v. Polyclinic Medical School and Hospital*, 58 N.E. (2d) 244, 269 App. Div. 955, (1945), affirmed 68 N.E. (2d) 450, 296 N.Y. 502 (1946); *Greensburg v. Society of Hillside Hospital*, 73 N.Y.S. (2d) 21 (1947); *Sutherland v. New York Polyclinic Medical School and Hospital*, 75 N.Y.S. (2d) 135, 273 App. Div. 29 (1947); *Pierson v. Charles S. Wilson Memorial Hospital*, 78 N.Y.S. (2d) 146, 273 App. Div. 348 (1948); *Davie v. Lenox Hill Hospital*, 81 N.Y.S. (2d) 583 (1948); *Morse v. Syracuse Memorial Hospital*, 83 N.Y.S. (2d) 830 (1948); *Wisner v. Syracuse Memorial Hospital*, 86 N.Y.S. (2d) 150 (1948); *McGuinn v. Knickerbocker Hospital*, 89 N.Y.S. (2d) 32 (1949); *Santos v. Unity Hospital*, 93 N.Y.S. (2d) 359, 276 App. Div. 867 (1949); *White v. Prospect Heights Hospital*, 103 N.Y.S. (2d) 859, 278 App. Div. 789 (1951); *Roth v. Beth El Hospital*, 110 N.Y.S. (2d) 583, 279 App. Div. 917 (1952); *Pivar v. Manhattan Gen'l., Inc.*, 110 N.Y.S. (2d) 786, 279 App. Div. 522 (1952); affirming 104 N.Y.S. (2d) 575 (1951); *Lewis v. Columbus Hospital*, 151 N.Y.S. (2d) 391 (1956).

¹¹⁶*Van Tassel v. Manhattan Eye & Ear Hospital*, 15 N.Y.S. 620, 60 Hun. 585 (1891).

¹¹⁷*Kellogg v. Church Charity Foundation of Long Island*, 96 N.E. 406, 203 N.Y. 191 (1911).

¹¹⁸*Schloendorff v. Society of New York Hospital*, 105 N.E. 92, 211 N.Y. 125 (1914).

¹¹⁹*Brown v. St. Vincent's Hospital et al.*, 226 N.Y.S. 317, 222 App. Div. 402 (1928).

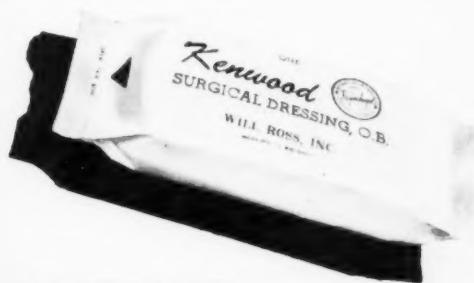
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servants engaged in the performance of administrative duties. This is significant when it is recalled that the earlier cases held charitable hospitals immune for injuries resulting from the negligence of their servants and agents. In the same year, in another case, which seemed to follow the reasoning in the *Schloendorff* case, it was said: "The staff members are neither servants nor agents of the hospital, but those individuals act in an independent employment or undertaking."¹²⁰ Nine years later, the prophecy expressed in the *Brown* case,¹²¹ that hospitals may be liable for the torts of employees and servants, became a reality when a court abolished the doctrine of immunity. In this case a paying patient was injured while being transported to her home in the hospital's ambulance. In an action for damages the court held the hospital liable. Its decision was influenced by the fact that the rule for governmental immunity for tort had been repudiated, thus making it difficult to continue the defense of the old doctrine of immunity of charitable institutions. It said:

... the now declared public policy of this State is that persons damaged by the torts of those acting as its officers and employees need not contribute their losses to the purposes of government. . . . We think it would not be a harmonious policy that would require this plaintiff to put up with her injuries on the score that the appellant is a charitable corporation.¹²²

Three years later, another court accepted this rule when it said that it was then a settled principle of law "that even a charitable hospital is liable for the acts of its servants."¹²³

How Doctrine of Immunity From Negligence for a Nurse's Performance of Medical or Professional Acts Was Born

Thus it is seen that by 1940 the thinking of the courts had undergone drastic change since the earlier days. The rule of immunity had been overthrown. Courts felt that charitable hospitals should be held liable for the torts of their employees and servants. In light of the earlier modification of the rule of immunity to the effect that it was applicable only in the absence of a showing that the hospital was negligent in the selection and retention of its professional employees, there still remained the question of whether the new rule of liability applied to acts of negligence performed by such professional personnel as doctors and nurses who were, in reality, employed by the hospital. In resolving this question, courts adopted the legal fiction, broached in the *Schloendorff* case, that nurses and physicians, even though engaged by the hospital, were not the employees or servants of the hospital when ministering, professionally, to patients. Consequently, the doctrine of immunity from negligence for a nurse's performance of medical or professional acts was born. This doctrine, recognizing that nurses also perform administrative acts or functions, left the hospital liable for negligence incurred in such cases.¹²⁴ This new doctrine, however, continued to be governed in part by the modification to the effect that only where the hospital was not negligent in its selection and retention of its employees was it

immune from negligence growing out of their performance of professional or medical acts.¹²⁵

Needless to say, the question frequently arises as to whether the specific act out of which the alleged negligence grew was a medical act or an administrative act. For example, is the placing of a hot water bottle in a patient's bed a medical act? In at least one case this has been held to be an administrative act.¹²⁶ In at least two others it has been held to be a medical act. The difference in holding seems to be accounted for by the facts of the cases. In one of these two, the bottle was placed pursuant to the directions of the physician.¹²⁷ In the other it was placed against the patient when he was in shock in the operating room.¹²⁸

Giving Blood Transfusion to Wrong Patient Held to Be Administrative Rather Than Professional Negligence

One particularly interesting case involved this question of whether a specific act was medical or not.¹²⁹ In this case a patient alleged injury as the result of having been given a blood transfusion intended for another. An intern and a nurse prepared the transfusion and by some error got into the wrong room and gave it to the wrong patient. The court held the hospital liable. It reasoned that, while the giving of the transfusion was a medical act, the giving of it to the wrong person was negligence, and said: "Their entrance into the wrong room caused the professional nature of their errand to cease." It argued they were under the duty to protect patients and, in their failure to perform that duty, they did not act as professional persons. The court pointed out that if injury had been incurred as the result of giving the transfusion to the right person negligently, the hospital would have been immune from liability.

The rule of nonliability for the negligent performance of medical acts appears to be applicable regardless of the individual who performs the act. One court, in commenting on this, has said: "Liability should depend upon the character of the act itself and not upon the title of the individual."¹³⁰ It is as applicable to the acts of interns as to doctors.¹³¹ It also appears that it is applicable to the act of an intern who was formerly licensed to practice medicine but who had had his license revoked.¹³² In one case, however, a patient was permitted recovery against a hospital when he was injured as a result of catheterization by an orderly.¹³³ There was no question about the act being a medical act. Neither was the title of the employee at issue. The court based its ruling on the fact that the doctrine of nonliability for medical acts should not be extended to relieve a hospital from liability by permitting the performance of medical acts by those not competent to perform them.

This appeared to be the reasoning of the court in the

¹²⁰*Lewis v. Columbus Hospital*, 151 N.Y.S. (2d) 391 (1956); *Berg v. New York Society for the Relief of the Ruptured and Crippled*, 136 N. E. (2d) 523, 1 N.Y. (2d) 499 (1956).

¹²¹*Iacono v. New York Polyclinic Medical School and Hospital*, 58 N.Y.S. (2d) 244, 269 App. Div. 955 (1945), affirmed 68 N.E. (2d) 450, 296 N.Y. 502 (1946).

¹²²*Winer v. Syracuse Memorial Hospital*, 86 N.Y.S. (2d) 150 (1948).

¹²³*McGuinn v. Knickerbocker Hospital*, 89 N.Y.S. (2d) 32 (1949).

¹²⁴*Nicolayff v. Genesee Hospital*, 61 N.Y.S. (2d) 832, 270 App. Div. 648 (1946).

¹²⁵*Misthal v. Israel Zion Hospital*, 45 N.Y.S. (2d) 203 (1944).

¹²⁶*Nicolayff v. Genesee Hospital*, 61 N.Y.S. (2d) 832, 270 App. Div. 648 (1946); *Davie v. Lenox Hill Hospital*, 81 N.Y.S. (2d) 583 (1948); *Roib v. Beth El Hospital*, 110 N.Y.S. (2d) 583, 279 App. Div. 917 (1952).

¹²⁷*Lewis v. Columbus Hospital*, 151 N.Y.S. (2d) 391 (1956).

¹²⁸*White v. Prospect Heights Hospital*, 103 N.Y.S. (2d) 859, 278 App. Div. 789 (1951).

¹²⁰*In re Agnew's Will*, 230 N.Y.S. 519, 132 Misc. 466 (1928).

¹²¹*Brown v. St. Vincent's Hospital et al.*, 226 N.Y.S. 317, 222 App. Div. 402 (1928).

¹²²*Sheehan v. North Country Community Hospital*, 7 N.E. (2d) 28, 273 N.Y. 163, affirmed 7 N.E. (2d) 701, 273 N.Y. 580 (1937).

¹²³*Dillon v. Far Rockaway Beach Hospital*, 30 N.E. (2d) 373, 284 N.Y. 176 (1940).

¹²⁴*Lainen v. Tonsil Hospital*, 36 N.Y.S. (2d) 55 (1942).

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most recent of these cases (decided on July 11, 1956).¹³⁴ In this case it was held that a hospital was liable for injuries alleged to have resulted from an error made in a blood test by a technician employed by the hospital. The point in question was not whether the act was a medical act but whether the employee was one with "professional status," i.e. whether she was competent to perform the medical act. The court, in ruling the hospital liable, said:

She was no independent practitioner of a learned profession, working in but not for the hospital. She was a salaried employee doing routine work which required a minimum of skill and training. Therefore, without reviewing or revising the whole *Schloendorff v. Society of New York Hosp.* rule . . . and without determining whether the rule itself has outlived its usefulness, we hold that this particular hospital as the employer of this particular young woman is liable for her negligence.

To those who may have hoped that the courts of New York had reached agreement on a stable rule defining the liability of charitable hospitals for tort, this decision is likely to prove disconcerting. Implicit in the statement just quoted appears to be the question of whether the rule presently recognized, which can be traced back to the *Schloendorff* case, is outmoded. As further evidence of this is the following quotation taken from the same case:

The true holding of *Schloendorff* was that nonproprietary hospitals were exempt from liability for negligent acts or omissions of physicians and nurses in their professional medical capacities. . . .

Modern hospitals hire on salary not only clerical, administrative and housekeeping employees but also physicians, nurses and laboratory technicians of many kinds. Not only do they furnish room and board to patients but they sell them services which are "medical" in nature and, though furnished on physicians' orders, are performed wholly by and under the control of the hospitals' salaried staffs. What reason compels us to say that of all employees working in their employers' businesses (including charitable, educational, religious and governmental enterprises) the only ones for whom the employers can escape liability are the employees of hospitals?

Whatever be the ultimate fate of the *Schloendorff* rule, this case need not be pushed into the *Schloendorff* mold.

Does this portend the first step in the evolving of a new rule—a rule of full liability, probably? The answer is still in the future. The most that can be said is that the rule as now followed—liability of charitable hospitals for the torts of their employees and servants, except those growing out of the performance of professional medical acts by professionally trained employees—is not entirely satisfactory in the eyes of the courts.

The Rule of Liability. As has been indicated, many states have granted charitable hospitals immunity from liability for the torts of their employees, agents and servants. In some states total immunity appears to be the rule. In others it is only partial, i.e. for torts against beneficiaries as opposed to strangers, or for torts against charity but not against paying patients, or for torts committed in the performance of medical or professional duties but not in the performance of administrative duties.

In some states, however, the rule is that charitable hospitals do not have immunity but are liable for the torts of their

employees, agents and servants.¹³⁵ In only six states, Delaware, Minnesota, New Hampshire, North Dakota, Rhode Island, and Vermont, have the courts so held in cases of first impression, i.e. when the question was before them for the first time. In the other states, Arizona, California, Iowa, Kansas and Ohio, the decisions rejecting immunity represent changes in the thinking of courts which earlier had accepted immunity as the rule with modifications in some instances.

It is interesting to note that, until comparatively recent date, no cases involving the question had appeared in Delaware (1951), North Dakota (1946), and Vermont (1950). Therefore, in only two states, Minnesota (since 1920) and New Hampshire (since 1939) has full liability been the definite rule for some time. Previous to these dates, however, there had been decisions in both states that, while not concerned with this problem directly, gave indication that if and when the question should arise the courts might approve the full liability rule.¹³⁶ In Rhode Island, as was pointed out earlier, the courts laid down the rule of full liability at a very early date (1879). At that time this rule was unpopular, apparently, as the following session of the legislature enacted a law granting immunity to charitable hospitals.

Vermont Court States Decision Against Church in Terms That Are Applicable to All Charitable Institutions

Attention should be called to the Vermont case in which, in a case of first impression, a court held a church, a charitable corporation, liable for injuries received by one of its members. In this case a lady was injured when she slipped on ice which had formed on a church's driveway when the cement gutter adjacent to it overflowed onto the driveway.¹³⁷ As was stated, this was a case of first impression. The court examined the various rules of liability and their modifications, as well as the reasons behind them. Some effort was made to confine the question to that of whether a charitable institution should be held liable for injuries received by a beneficiary. The court, however, preferred not to so limit the question, which it stated as follows: "Is or is not a privately conducted charitable institution liable for injury caused by negligence?" As a result of its deliberations it held the church, a charitable institution, liable for tort. It is significant that the decision was not worded so as to make it applicable solely to this case, nor to one type of charitable agency—churches. It is framed in general language and is, apparently, applicable to all charitable institutions.

In the five states that have changed their thinking on the question, it is significant that the changes are all of recent date. Arizona courts reversed themselves on this

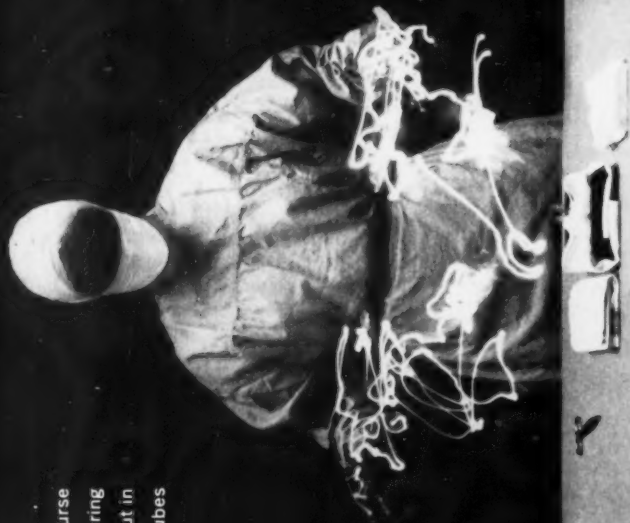
¹³⁵*Ray v. Tucson Medical Center*, 230 P. (2d) 220, 72 Ariz. 22 (1951); *Cavero v. Franklin etc. Benevolent Soc.*, 223 P. (2d) 471, 36 Cal. (2d) 301 (1950); *Durney v. St. Francis Hospital*, 83 A. (2d) 753 (Del.) (1951); *Haynes v. Presbyterian Hospital Ass'n.*, 45 N.W. (2d) 151 (Iowa) (1950); *Noel v. Menninger Foundation*, 267 P. (2d) 934 (Kan.) (1954); *Mulliner v. Evangelischer Diakonissenverein of Minnesota District of German Evangelical Synod of North America*, 175 N.W. 699, 144 Minn. 392 (1920); *Moeller v. Hauser*, 54 N.W. (2d) 639 (Minn.) (1952); *Welch v. Frisbie Memorial Hospital*, 9 A. (2d) 761, 90 N.H. 337 (1940); *Rickbeil v. Grafton Deaconess Hospital*, 23 N.W. (2d) 247 (N.D.) (1946); *Avellone v. St. John's Hospital*, 135 N.E. (2d) 410 (Ohio) (1956); *Glavin v. Rhode Island Hospital*, 12 R.I. 411 (1879); *Foster v. Roman Catholic Diocese of Vermont*, 70 A. (2d) 230, 116 Vt. 124 (1950).

¹³⁶*McInery v. St. Luke's Hospital Ass'n. of Duluth*, 141 N.W. 837, 122 Minn. 10 (1913) holding a hospital liable for injuries to an employee; *Hewett v. Woman's Hospital Aid Ass'n.*, 64 A. 190, 73 N.H. 556 (1906), holding a hospital liable for injuries to an employee.

¹³⁷*Foster v. Roman Catholic Diocese of Vermont*, 70 A. (2d) 230 (Vt.) (1950).

¹³⁴*Berg v. New York Society for the Relief of the Ruptured and Crippled*, 136 N.E. (2d) 523, 1 N.Y. (2d) 499 (1956).

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matter in 1951. California and Iowa changed in 1950, Kansas in 1954, and Ohio in 1956—within the last six months.

Although one can be positive that the rule of full liability is followed only in the states indicated, there is some question about some of the other states. In Alabama, for example, a court, in an early case (1915), ruled that a paying patient might recover from a charitable hospital for the injuries resulting from a nurse's negligence.¹³⁸ While the court's language was so general as to lead one to believe that it would hold similarly in a case involving a charitable patient, such a case was not located. Consequently, the attitude of the Alabama courts toward full liability appears to remain problematic. The same situation prevails in Florida. In 1941, in a case very similar to the *Tucker* case in Alabama, the court followed the Alabama court's reasoning.¹³⁹ The court said: "... since the Alabama decision [*Tucker v. Mobile Infirmary Ass'n.*] ... the modern trend appears to have been to enforce liability. Courts holding with the numerical weight of authority [—i.e. in granting immunity—] in recent years have done so 'reluctantly,' considering themselves bound by precedent. . . ."

A Hospital, Private or Charitable, Is Liable to a Patient for Torts of Its Employees, Florida Court Says

In an earlier case¹⁴⁰ a Florida court made it rather clear that it favored a rule of full liability but, very definitely, made its decision applicable to the case before it, the right of a paying patient to recover for injuries under contract. It is significant, however, that in a comparatively recent case (1953) the Supreme Court of Florida, Division A, in a case involving procedural questions, largely, made the following statement, but not apparently as a part of its ruling: "... under the doctrine of *respondeat superior* a hospital, private or charitable, is liable to a patient for the torts of its employees. Such is the rule in this state."¹⁴¹ As one authority for this statement it cited the *Parrish v. Clark* case. This may be considered as an expansion of the doctrine of full liability by *dicta*, but whether this will become the accepted rule remains to be seen.

In Alaska, in a case of first impression, the court has recently held a hospital liable even though the patient paid only part of the costs of his hospitalization.¹⁴² Some courts have, apparently, considered this case as a ruling to the effect that in Alaska immunity for tort has been removed from charitable hospitals. While this is probably the case, one cannot be certain, it is believed, until a case involving a charitable patient has been decided. Likewise, in Mississippi, in an action brought for injuries to a paying patient, against a hospital, the court held the hospital liable.¹⁴³ Again, this case has been referred to as one in which the rule of full liability was upheld. This is questionable, however, in light of the following language:

... but we are concerned with the question alone as to whether a "paying patient" who has been injured through the negligence of an employee of a hospital which is rendering service for the most part to "pay-

ing patients," or rather whether the heirs at law in this case on account of the death of the patient because of such negligence, are entitled to recover, where full compensation has been paid to the hospital for the room, board and other services rendered by the hospital employees, and where the patient has therefore not received the benefit of any charitable work done by the institution. We confine this decision to that issue alone.

How much further Mississippi courts will go remains to be determined.

In Washington¹⁴⁴ and Idaho¹⁴⁵ the courts have recently reversed themselves and have held charitable hospitals liable for torts against paying patients. While the same line of reasoning may now be applied to cases involving charitable patients, and these courts may support the rule of full immunity if and when a case involving such a question comes before them, they cannot be said to have done so as yet. They have hurdled one barrier, but another remains.

The best known and most frequently cited of the more recent cases involving the question of the immunity of charitable hospitals from liability is *President and Directors of Georgetown College v. Hughes*.¹⁴⁶ This was an action for damages against a hospital by a private nurse who was allegedly injured as the result of the negligence of an employee of the hospital. It had its origin in Washington, D.C., and came to the court as a case of first impression. The decision—19 pages in length—written by Associate Justice Rutledge, is a masterpiece and may be considered as the most complete judicial treatment of this question that has yet appeared. It covered the topic thoroughly and has, undoubtedly, had great influence on the thinking of jurists. Therefore, its holding should be thoroughly understood.

Justice Rutledge Cites Confused State of Decisions and Various Arguments for and Against Immunity

While this case is often cited as supporting the doctrine of full immunity, in reality the court was divided. The hospital was held liable, but the six justices were not in agreement as to the reason for so doing. Justice Rutledge, who wrote the opinion, and Justices Miller and Edgerton favored the court's adoption of the rule of full or complete liability. Chief Justice Groner and Justices Stephens and Vinson approved holding the hospital liable on the ground that the injured party was a stranger to the charity. Justice Rutledge covered the various aspects of the problem in a masterful fashion. He considered the underlying principles of law, the historical background, the confused state of decisions, and the various arguments for and against immunity in a logical manner and lucid style. Because of the importance of this case, a detailed quotation from the summary of the court's thinking is reproduced here:

The law's emphasis ordinarily is on liability, not immunity, for wrongdoing. *Respondeat superior* has widened it in an institutionally, and to a large extent corporately, organized community. Charity is generally no defense. When it has been organized as a trust or corporation, emphasis has shifted from liability to immunity. The conditions of law and of fact which created the shift have changed. The rule of immunity is out of step with the general trend of legislative and

(Continued on Page 150)

¹³⁸*Tucker v. Mobile Infirmary Ass'n.*, 68 So. 4, 191 Ala. 572 (1915).

¹³⁹*Nicholson v. Good Samaritan Hospital*, 199 So. 344, 145 Fla. 360 (1941).

¹⁴⁰*Parrish v. Clark et ux.*, 145 So. 848, 107 Fla. 598 (1933).

¹⁴¹*Wilson v. Lee Memorial Hospital*, 65 So. (2d) 40 (Fla.) (1953).

¹⁴²*Moats v. Sisters of Charity of Providence*, 13 Alaska 546 (1952).

¹⁴³*Mississippi Baptist Hospital v. Holmes*, 55 So. (2d) 142 (Miss.) (1952).

¹⁴⁴*Pierce v. Yakima Valley Memorial Hospital Ass'n.*, 260 P. (2d) 765 (Wash.) (1953).

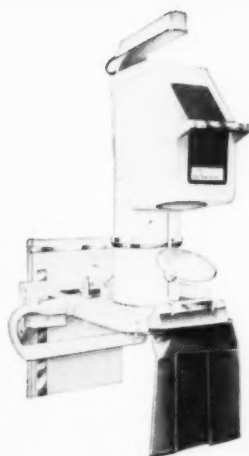
¹⁴⁵*Wheat v. Idaho Falls Latter Day Saints Hospital*, 297 P. (2d) 1041 (Idaho) (1956).

¹⁴⁶*President and Directors of Georgetown College v. Hughes*, 130 Fed. (2d) 810 (1942).

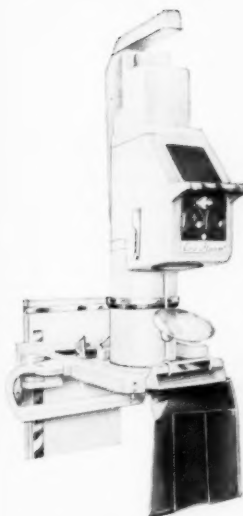


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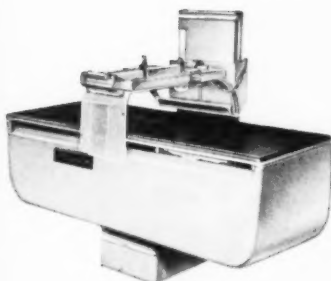
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WITH the assistance of a thumb-worn text in pharmaceutical arithmetic salvaged from my dubiously happy college days, I find that a little over three decades have not so gently slipped by since my first view of a hospital pharmacy. The long rows of salt mouth and tincture bottles with their prominent, ornamental titles, the algebraic x's of homeopathic potency, the heavy wooden ward baskets with handpainted lettering, the titillating blend of fragrant and pungent odors, and the dim, mysterious light in the workrooms aroused imaginative pictures of medieval guilds and the magic of alchemy. "This," I said aloud to my drowsy-looking future chief, "looks like the life for me." A few months later with less excitement and more acuity, I noted that the dim light was due to our partly subterranean location and that the olfactory holocaust stemmed from poor ventilation. With perhaps more mulishness than sense, I stayed on to complete my education in the difference between the dream and the reality of hospital pharmacy as practiced more than a quarter of a century ago.

Although a skeptic, and pharmacists are not immune from this virus, might raise an unenthusiastic eyebrow, most of us will admit that the years have brought progress. To a large degree,

the hospital pharmacy has moved up from the lower depths to the more sparkling atmosphere of the first floor. Its environment is no longer that of the boiler room, the laundry chute or among decaying records of forgotten case histories. The pharmacist now rubs shoulders with administrators, purchasing agents, nursing supervisors, and even the august possessors of medical degrees. In some more sophisticated institutions, he can even detect the smell of morning coffee from the near-by tearoom serviced with such self-conscious graciousness by the ladies of the auxiliary.

POSITION HAS CHANGED

Just as the only percolation in the hospital now takes place in the tearoom, so the vertical ascent of the pharmacy is a symbol of change in the position of the hospital pharmacist in the organization of the institution. More hospitals now have pharmacies: A 1955 tabulation¹ shows that in the 10 years from 1945 to 1955, the number of hospitals with pharmacy departments increased from 40 to 54 per cent of the total. Well over 5000 pharmacists now cast their spell in the halls of healing. The primary reason for this growth is apparently not legislative but economic, i.e. administrators have discovered that an efficient pharmacy not only pays its own way but frequently provides a sizable surplus to help meet the recurrent deficits. Recognition of this situation has served to elevate the prestige of the hospital pharmacist; not only does he contribute

to the total professional life of the institution, but he helps keep the ever-present wolf from the main entrance.

Another factor of major importance is that the hospital pharmacist has learned to "toot his own horn," that is, to obtain the recognition he deserves as an important member of a professional team. The volume of sound is many times larger than it used to be, because through organization the single horn has become a symphony orchestra. Sometimes the sound is a bit raucous or a violinist attempts to be a virtuoso, but over the years the results have been most encouraging.

It is not my purpose to review the history of hospital pharmacy organization but it might be well to remind you that only 15 years have elapsed since the anguished birth of the American Society of Hospital Pharmacists. Since then, much has been accomplished, including the establishment of minimum standards, the internship training program, graduate courses in hospital pharmacy, the institutes on hospital pharmacy, and the constant improvement of the *Bulletin*. A more recent development is the increasing participation of the society in international hospital pharmacy activities. Its support of and contributions to the International Pharmaceutical Federation and the Pan-American Congress of Pharmacy and Biochemistry are indicative of an attitude beyond the sectarian and bode well for the future of the organization.

All of these activities pay off—they form part of a continuous educational

The author is director, Pharmacy Research and Development Division, Ciba Pharmaceutical Products, Summit, N.J.

From a paper presented at the January 1957 meeting of the Northeastern New York Society of Hospital Pharmacists, Albany.



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process. They solidify the base on which hospital pharmacy as a pleasant and useful career rests. They inform the pharmacist's professional and non-pharmacist colleagues about his qualifications and accomplishments and thereby help bring into focus the part he actually plays in hospital life.

HAS ADDED RESPONSIBILITY

With this increased recognition comes increased responsibility, and in this discussion we will dwell upon this phase of hospital pharmacy, utilizing as an example the problems involved in manufacturing. The latter term as applied to hospital pharmacy is not easy to define. The literature on this subject is replete with loose terminology, and it is sometimes difficult to know just what is meant. The more conservative authors are now using the term "bulk compounding," the implication being that this operation differs from manufacturing. Steele's list,² under the intriguing title "Smaller Hospitals Can Compound Products in Volume," includes sterile sulfathiazole suspension, ascorbic acid-B12 sirup, cholesterol ointment, nonoily dust mop fluid, and phenylephrine hydrochloride solution. Zugich³ puts manufacturing in quotation marks and bulk compounding without quotes but fails to distinguish what the differences may be. He does ask several interesting questions of hospital administrators and we quote directly:

"1. In those hospitals with an extensive program of bulk compounding, have the provisions for adequate controls and the risks of institutional manufacture been reviewed and resolved with the pharmacist-in-charge to determine the extent of such a program?

"2. Are adequate controls maintained from the time of manufacture to the dispensed unit?

"3. If injectable preparations are routinely manufactured and sterilized in the pharmacy, have the environment and procedure been reviewed with the pharmacy committee or pathologist?"

It is difficult to determine in how many hospitals these questions ever have been asked and whether due consideration has been given to the necessity for answering them. There is also a paucity of information as to what is meant by adequate controls. Although the approved minimum standards for hospital pharmacies require that facilities include "the necessary equipment for the compounding, dis-

persing and manufacturing of pharmaceuticals and parenteral preparations," there is unfortunately no mention of controls or control equipment. Although control has many meanings, we may define it for the purpose of this discussion as the technic for ensuring the identity, quality and potency of the pharmaceutical manufactured. By quality is meant all those characteristics—physical, pharmacological and environmental—that play a rôle in providing the optimum therapeutic efficacy of a drug.

The literature on the subject of manufacturing in hospital pharmacies is not too extensive. We have reviewed about 100 articles that have appeared in hospital or pharmaceutical journals during the last 30 years. Most difficult to obtain is information relative to the extent of manufacturing in hospital pharmacies. Neither the American Hospital Association nor the American Society of Hospital Pharmacists appears able to supply specific data on this subject. A literature search in 1953 revealed only one reference⁴ dealing with this subject covering 51 hospitals in six midwestern states. Only seven of those hospitals reported an extensive bulk compounding program. Almost 50 per cent manufactured nothing at all. The remainder prepared a few liquid items. A more recent survey contributed little further information, but it is probable that the larger hospitals undertake more manufacturing.

SATISFIED WITH PAPER CONTROL

Most of the papers reviewed deal with arguments for or against manufacturing from the economic point of view, descriptions of the equipment or layout of manufacturing sections in hospital pharmacies, and, in two or three cases, control procedures. There are many—too many⁵⁻³⁰—articles extremely laudatory of extensive manufacturing in which there is not the slightest mention of control methods. Many hospital pharmacists appear to be satisfied with paper control, that is, the use of elaborate records describing formulas, dates, quantities, personnel involved, and so forth. An example of this approach is the paper by Murfin³¹ describing the maintenance of records needed during the development or modification of hospital formulas. Although the author makes mention of assay procedures, there is no indication as to just what types of assay are intended. Here the main theme ap-

pears to be the value of compiling an accurate written record.

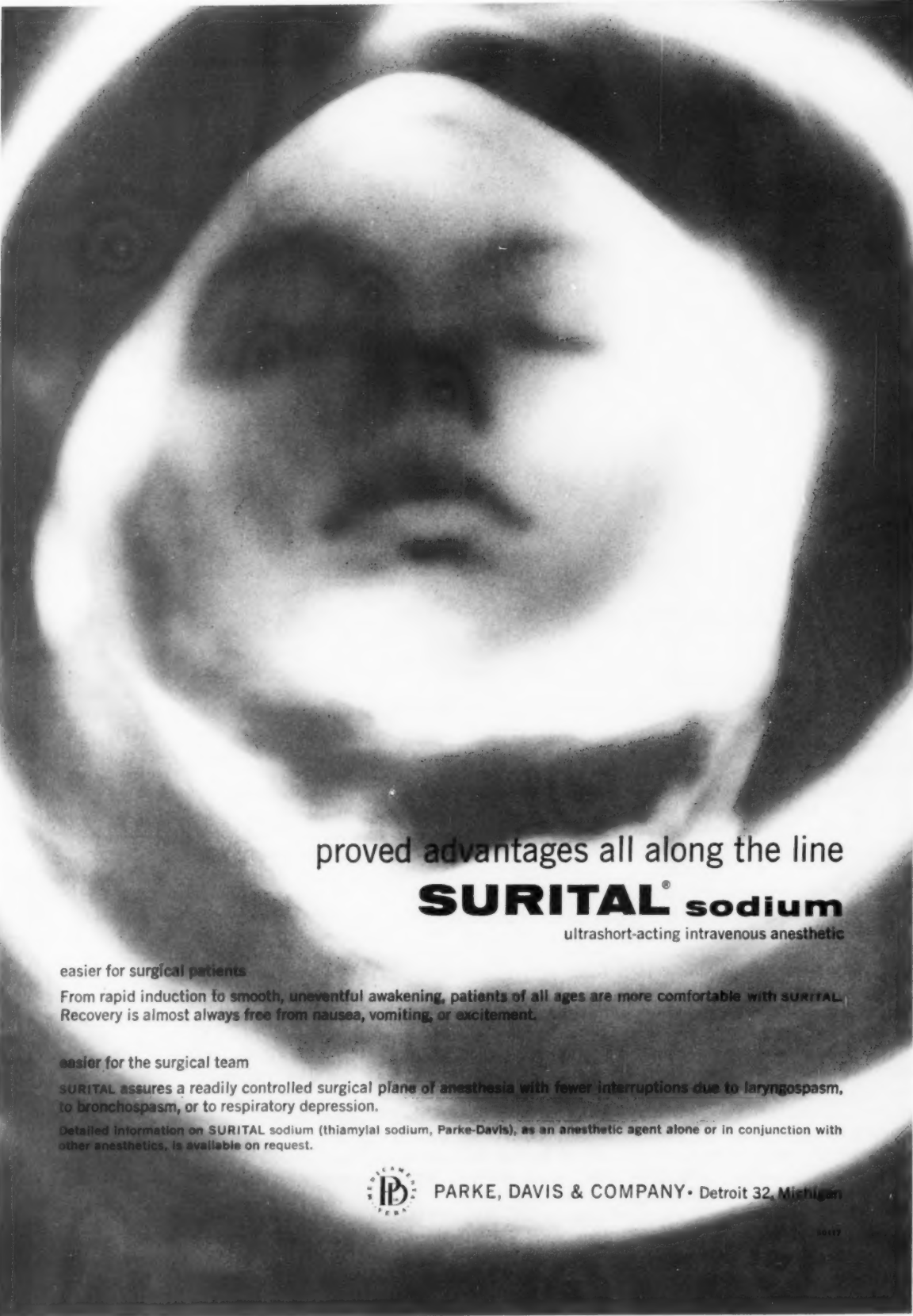
In an article by Hitzleberg and Slanker,³² there is a detailed description of a hospital pharmacy with a staff of 48, including 21 registered pharmacists. This group manufactures during one year 61,000 gallons of solutions, sirups, elixirs and so forth; 8600 pounds and 22,000 tubes of ointments; 200,000 liters of parenteral solutions, and 140,000 vials of sterile preparations. This is no small-scale operation and yet the authors omitted mention of any means by which they could ensure the quality or potency of this vast array of pharmaceuticals.

EVIDENCE IS NOT CONVINCING

Among the reasons presented as justification for manufacturing in hospital pharmacy can be listed reduction in costs, quality of products, increased professional service, availability of special forms, recognition (by whom is not stated) and, in the words of one pharmacist, "last but not least, to add prestige to the pharmacy department." Except for the matter of costs, there is little evidence of a convincing nature in the published material. This is rather unfortunate because there is no doubt that in some institutions the quality of work is high and is rewarded in terms of professional standing and salary increments. The facts, however, are seldom recorded and mere statements of opinion cannot be disguised as scientific evidence.

An example of loose terminology can be found in attempting to discover the qualifications for personnel engaged in manufacturing in hospital pharmacies. Many authors feel that any hospital pharmacist is qualified to undertake manufacturing. A colleague from New Haven¹⁸ states that "a great percentage of the medicinal substances required for hospital use fall within a category of official preparations and none of them involve a professional act beyond the reach of an experienced hospital pharmacist and the quality should be beyond reproach." The same author is not very illuminating when it comes to the question of determining the quality. Other authors suggest that only "qualified" or "competent" pharmacists be assigned to manufacturing but no attempt is made to define these adjectives in terms which even an assistant administrator straight out of Columbia or Yale could understand.

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a reviewer that, when writing about manufacturing, most hospital pharmacists either are unaware of the importance of control procedures or avoid the subject with the studied indifference they customarily reserve for student nurses asking for the structural formula of reserpine.

As long ago as 1943, Templeton³³ published an article with a blunt title, to wit, "It Pays to Manufacture in the Hospital." Although the author features the arguments of economy and service to the hospital, the article is noteworthy for the amount of space given to the problem of quality. He emphasizes the topnotch quality of ingredients and urges the employment of a system of manufacturing control, which is described in some detail. In concluding he states: "The proof of the quality of a product lies in physical appearance, stability, disintegration rate for tablets and assay of the active ingredients. Initial and occasionally subsequent assays should be run on many products and, in particular, tablets. In the case of the simple mixing of ingredients previously assayed by the manufacturer, an assay of the finished product should not always be necessary provided a definite and adequate system of control is used."

PREPARE ONLY WHAT IS NEEDED

Mr. Templeton's words of caution aroused little enthusiasm, and 1947 arrived before J. T. Murphy³⁴—a loyal Bostonian and, therefore, a cautious man—raised a warning little finger in an article on parenteral solution equipment. In fact, he said, and I quote: "It is not the purpose of this discussion to advocate the indiscriminate manufacture of parenteral preparations in the hospital pharmacy. Rather it is to emphasize the need of preparing in the hospital pharmacy those preparations that are not otherwise available." A few months later Shull³⁵ followed the lead but raised his fist, and I quote his concluding paragraph:

"Procedures in many hospitals throughout the United States at the present time do not maintain sufficiently high standards for sterile solution manufacture. Tests for sterility are not truly representative and potency tests are ignored. There often is no individual container test for foreign material and for adequate sealing and leakers. It has been said by some hospital pharmacists that too much stress is being put upon these tests, that most of them are unnecessary if ordinary

care is used. These arguments fall into the class of 'It must be right, I made it myself.' The F.D.A. and the F.T.C. do not consider them unnecessary. It would appear that for interstate commerce nothing is too good for the patient but within the hospital the welfare of the patient is a secondary consideration. Service rendered must mean that the product of the pharmacy will measure up to the standards of quality expected by the patient and the physician. Methods, procedures, tests and equipment employed must provide the utmost assurance that each sterile container released is as nearly perfect as it can be made. That is the only standard of excellence for parenteral medication."

Pharmacist Shull's heavy artillery did not frighten everybody. A year later Sister M. Clara Francis³⁶ was writing: "I am aware that the statements I am about to make relative to controls may make one a target for criticism, but I do not intend to misuse truth. Practice can sometimes disprove theory. Five years of successful practical experience has taught us that the time we might be expected to spend in looking for trouble in our parenteral solutions can more profitably be spent in preventing it." Sister Francis goes on to state: "When one person is doing all the work, a competent pharmacist is directing it, and uniformly excellent results are produced, why then should we not have some degree of confidence in our ability, technic and equipment?"

In spite of her failure to explain who would pay the price if uniformly excellent results were not obtained, the expected criticism did not develop. All remained quiet on the manufacturing-control front except for discussions of costs, bookkeeping, equipment and formularies. Then in June 1949, Prof. Klemme³⁷ presented an excellent paper at the Institute for Hospital Pharmacists of the Catholic Hospital Association, reviewing the problems of control in hospital pharmacy. This article, "Manufacturing Control Systems in Hospital Pharmacy," was published in the *Bulletin* of the American Society of Hospital Pharmacists and should be required reading for every hospital pharmacist engaged in manufacturing.

In it Dr. Klemme discusses in some detail budgetary control, material requirements, manufacturing capacity, personnel requirements, and operating costs. The concluding portion of his

presentation covers the subject of quality control and contains considerable information of great value. Although Dr. Klemme outlines the basic approach and reasoning involved in assay procedures, he appears to advise against their use in hospital pharmacies for two reasons. The first is the cost since "many assays are time consuming and expensive, and hospital control laboratories cannot afford very expensive instruments for the performance of certain assays." Second, Dr. Klemme advises pharmacists "to build-in the quality and you have it." It must be admitted that the slogan sounds good but it often takes a lot of testing to prove that you have built the quality into a product. Superficial observation provides superficial knowledge.

STRESSED MORAL REQUIREMENTS

By 1954 our good friend J. T. Murphy at Massachusetts General Hospital, Boston, was ready to go a little further in his analysis of this problem and in June at the Institute on Hospital Pharmacy³⁸ he said, "To my knowledge there is no expressed legal requirement that hospitals ensure the quality and safety of pharmaceuticals that they manufacture. There is, however, a moral requirement that they do so. It is my firm conviction, after many years of hospital pharmaceutical manufacturing experience with the use of adequate controls, that no one, hospitals included, should be permitted to manufacture any preparations intended for parenteral, enteral, topical and inhalation use without some method of ensuring the quality and safety of the finished products."

"The first consideration in quality control involves the facilities for making the preparations, including adequate equipment and storage facilities. The second consideration is the requirement that facilities should be provided to establish the correctness of the manufactured product. Equipment should be provided to assay most of the preparations manufactured. Assays of preparations requiring expensive equipment, such as flame photometers, spectrophotometers and so on, should be carried out in the hospital's clinical laboratories, if available. If not, they should be sent to a commercial analytical laboratory." That Mr. Murphy's conservatism is based on solid ground is indicated by the four examples of discrepancies—a gentle word—avoided by controls used at his institution.

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make or buy parenteral solution was published in May 1955 in *The MODERN HOSPITAL*.³⁹ Two quotations will indicate the divergence of opinion relative to the necessity for controls.

Dr. Sherman Morrison, director of pharmacy at Chicago Wesley Memorial Hospital, states that "no pharmacist or physician will use intravenous solutions unless they are known to be safe and until every precaution has been taken to assure the highest quality. This means that laboratory tests must be made on every batch prepared to determine sterility of solution and tests must be made on rabbits to ensure absence of pyrogens. Likewise, chemical assays must be made of all solutions."

SOLUTIONS REMAIN PURE

On the other hand, E. W. Miller, director of the 335 bed Huron Road Hospital, East Cleveland, Ohio, and a pharmacist, says the following: "It is the general consensus that hospitals which make their own solutions must have a laboratory equipped with animals for making pyrogenic and bacteriologic tests of solutions before they can be used. This definitely is not true. If these prepared solutions involved interstate commerce, then bacteriological and animal tests would be necessary. When solutions are prepared in the especially designed, sealed flasks available today and proper technics are adhered to, they remain pure and sterile indefinitely and can be checked by the usual water hammer produced by a flask of solution that contains a vacuum. If this vacuum is undisturbed, it can be assumed that the flask is as sterile as it was the moment it was removed from the sterilizer." Obviously Pharmacist Miller applies the political principle of states' rights to scientific therapeutics.

Although the exact figures for 1956 are not available, it would be safe to assume that not more than 10 per cent of the hospitals operating their own pharmacies manufacture parenteral solutions. Nevertheless, the advisability of doing so continues to agitate the minds of hospital pharmacists and administrators alike. Undoubtedly, anticipated difficulties in organizing effective control procedures have served as a brake in introducing this form of professional pharmacy into more hospitals.

For many years our pharmacopoeia described in detail a series of methods allegedly suitable for sterilizing phar-

maceutical preparations and even listed the appropriate method to be used for a particular injection. Then, difficulties arose in making recommendations and the revision committee left the choice of the sterilization method in the hands of the pharmacist or the manufacturer. This seemed like a perfectly good way to place the responsibility where it belonged, especially since the products still had to meet the requirements of the U.S.P. sterility control test provided, of course, that they were made by a commercial manufacturer and not by a hospital pharmacist. Then, along came a young lady⁴⁰ with a flair for mathematics who tossed a bombshell right into the middle of the sterility control tests. She merely pointed out that the sampling provisions of the test were such as to permit considerable undetected contamination. Where, then, can the reliance be placed? After an exhaustive study of the situation by the pharmaceutical industry, it was recognized that safety lies only in increased quality control throughout the production process, that is, well trained personnel, carefully developed and controlled manufacturing procedures, extreme sanitation in working areas, adequate clean air, automatic recorders on sterilizers, and constant supervision of the entire process.

To make sure that recommended sterilization procedures are effective, manufacturers are asked to undertake contamination studies. The product is experimentally inoculated with bacterial spores—*Clostridium sporogenes* and *Bacillus cereus*—in known concentration and is then subjected to the proposed sterilization process. The samples are then tested for sterility by the official method. How many hospital pharmacists have ever run contamination tests on their parenteral products in order to check the basic efficacy of their manufacturing processes?

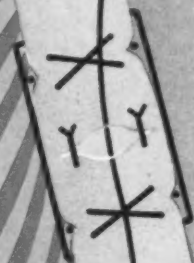
The pharmacopoeia requires the presence of a suitable bacteriostatic agent in all multiple dose injection containers. The selection of an appropriate chemical is extremely difficult without careful testing. Bacteriostatic activity may vary with the pH, the solvents, and the presence of certain chemicals. Thiomerosal is frequently used but not always compatible with acidic substances. Chlorobutanol hydrolyzes when heated, with release of hydrochloric acid and an appreciable drop in pH.

There are many drugs which decompose in solution with or without subjection to extremes of temperature. In many instances, this decomposition takes place without visible physical phenomena such as precipitation, evolution of gas, or the development of color. Only pharmacologic or analytical tests will demonstrate such change. Examples of this type of reaction discovered in our own laboratories are priscoline and antistine solutions. Unless buffered to an appropriate pH, these imidazolines break down into substances which cannot be noted except by analytical procedures.

FAIL TO MENTION PYROGENS

Although the danger of pyrogens in parenteral solutions is well recognized by most hospital pharmacists, there is a rather glib assumption that a clean still of a suitable type represents an assured source of pyrogen-free distilled water. Many authors of papers discussing the manufacture of parenteral fluids fail to mention the problem of pyrogens. Few describe the use of the U.S.P. test for recognizing the presence of pyrogens. However, this problem is thoroughly discussed by Dr. R. O. Muether,⁴¹ professor of medicine at St. Louis University School of Medicine, who describes pyrogens as a frequent cause of reactions following the administration of parenteral solutions and urges a careful analysis of pyrogenic reactions in order to keep them at a minimum in the hospital. After reviewing all precautions that can be taken in the manufacture of such solutions, he states: "Despite all these precautions, it may be well to test the prepared solutions for pyrogens, and this can be done by following the methods developed by the National Institutes of Health and which incidentally are mandatory of products sold in interstate commerce."

In an interesting paper presented by Sullivan⁴² at a joint one-day workshop meeting of the Massachusetts and Connecticut Societies of Hospital Pharmacists in 1950, the proposal was made that sterile preparations technic is a normal function of pharmacy practice, especially of the type found only in hospitals. Besides, the author argued, there is little else in pharmacy today which can offer the opportunity for professional recognition that is offered by the sterilized preparation. The danger is that the recognition will be for the "substantial source of income" mentioned by Sullivan rather than for



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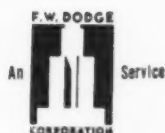
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the professional quality of the work. Oversimplification of the problems of sterile products manufacture can only lead to self-deception on the part of hospital pharmacists as well as possible danger to the patients they serve.

In this connection, it may be well to quote from an editorial by Dr. L. F. Tice⁴³ which appeared in the November 1949 issue of the *American Journal of Pharmacy*. In this editorial, Dr. Tice discusses the pros and cons of manufacturing in the hospital pharmacy. Of particular interest is the following quotation: "Whether or not manufacturing of all types should be attempted by the hospital pharmacist is a large question. Many products can be manufactured equally as well as those purchased, and sometimes more cheaply. On the other hand, certain other products cannot be manufactured in all instances where their strength and safety are guaranteed as above question. Simple solutions for external use are examples of those which can be made on the premises with little difficulty, but the parenterals manufactured by some hospitals have such low and even dangerous qualities that, were the facts generally known, they would lead to charges of criminal negligence. No manufacturer would dare to place on the market parenterals with no chemical control exercised over them and no tests for pyrogens performed. There are, of course, exceptions."

Dr. Tice concludes that unless products can be made with the same assurance of effectiveness and safety as those purchased from a reliable manufacturer, the prestige gained is at the expense of professional responsibility.

PROBLEMS NOT UNDERSTOOD

Although it is apparent that the proportion of hospitals manufacturing tablets is small indeed, it is obvious that the problems involved in this type of preparation either are not clearly understood or are inadequately reported in the literature. This may be owing to the failure of most hospital pharmacists engaged in tablet manufacturing to study the uniformity of their finished products in terms of distribution of active ingredient as well as the control of particle size and stability of the finished product. Adequate mixing, suitable granulation methods, and well controlled drying are essential to the success of a particular formulation. On these steps depend the uniformity, the distribution

of the active principle, the residual moisture content, and the physical properties of the finished tablet. If there is a wide range of particle size distribution in the "hopper" of the compressing machine, weight control will be extremely difficult. Without rigid control of the raw materials entering into a tablet formulation and chemical assay of the finished tablet, it is difficult to see how the danger of a serious error can be indefinitely avoided.

OINTMENTS NEED CAREFUL TESTS

The manufacture of dermatologic preparations such as ointments, creams and lotions continues to present an interesting field of operations for hospital pharmacists. A major reason is the relative safety involved in preparing drugs which are applied to the skin rather than injected or administered orally. Indeed the possibility of a fatal error or accident is quite remote and there is an impression that tolerances for this type of medication can be very broad. The development of new emulsifying agents, ointment bases, and stabilizers has resulted in a plethora of papers dealing with the characteristics of such agents and their utility to pharmacists concerned with the elegance of their dermatologic medications. The emphasis is frequently upon the attractive physical qualities of the vehicle rather than upon the therapeutic efficacy.

The problems of control in the manufacture of ointments and creams are almost never discussed in articles written by hospital pharmacists and dealing with this phase of their work. It is as though one can assume that no difficulties arise with these simple products. Actually, a good many disagreeable things can and no doubt do happen. The complete and equal distribution of suspended particles in a vehicle is not assured by some procedures. The size of insoluble particles may be large enough to cause irritation when applied to an injured or sensitive area of the skin. Simple microscopic inspection would prove useful in these instances, as well as for determining the physical properties of an emulsified cream.

Many agents used as emulsifiers are highly reactive and result, when used, in incompatibilities which are not necessarily visible. An author⁴⁴ in a British journal recommended very highly a formula for antisthine cream as possessing excellent physical character-

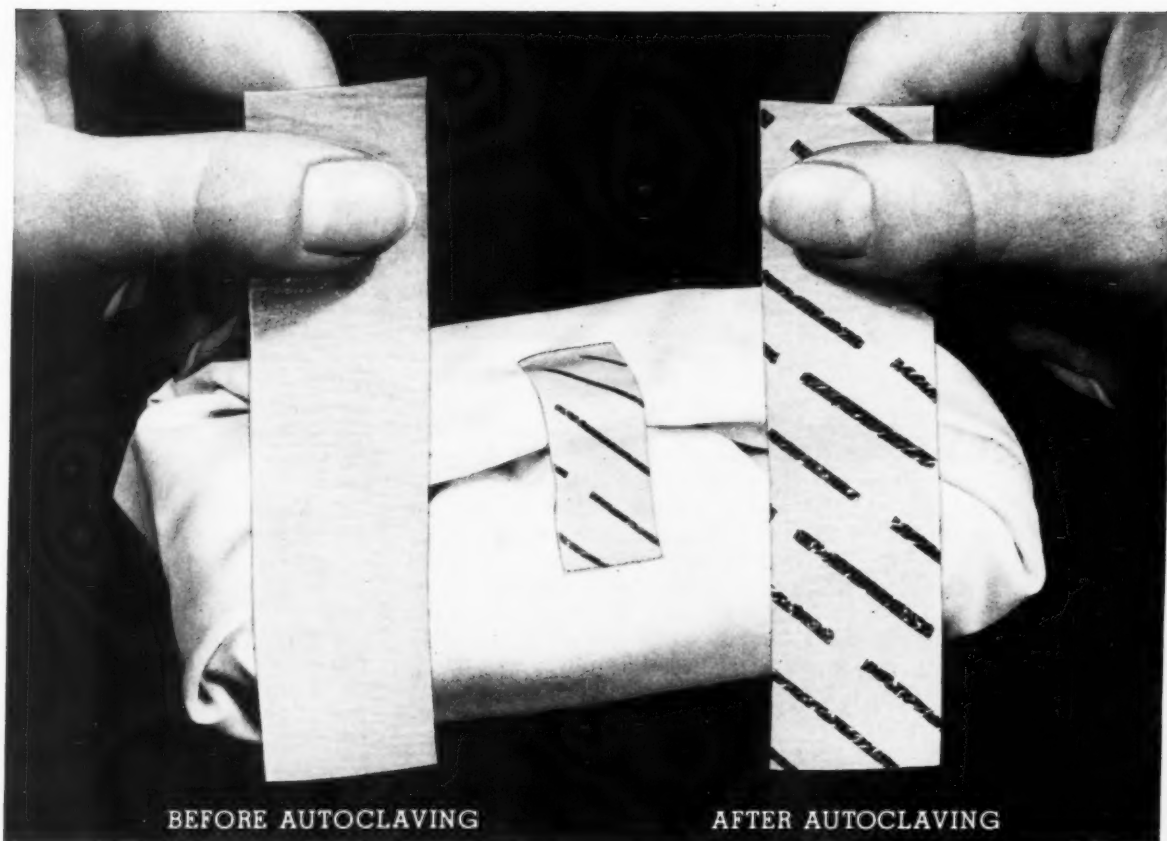
istics. Unfortunately, the pH of the product was in the range at which the active ingredient was rapidly destroyed. There is no doubt that more attention must be given to the question of incompatibilities in the formulation and production of emulsified vehicles. To eliminate these, a certain amount of analytical investigation appears to be essential.

Since 1953, liquid preparations intended for ophthalmic use must be sterile, or they are considered adulterated or misbranded under the Food, Drug and Cosmetic Act. If packaged in multiple dose containers, they must contain a suitable preservative. Although Theodore⁴⁵ is of the opinion that the danger of infections from contaminated commercial products is greater than from extemporaneously compounded products, his views are open to question. His reason is that commercial solutions are kept for long periods and that one source of contamination can affect many samples. Bacteria do not need much time to grow in profusion and sources of contamination in a hospital are ever present. Skolaut⁴⁶ of Johns Hopkins Hospital, Baltimore, showed that even with autoclaving solutions every seven days investigation revealed that bacteria were present in quantities that made the solutions actually dangerous. He states: "Undoubtedly, contaminated ophthalmic solutions have been the cause of many infections in many hospitals, and the need for sterile products cannot be overemphasized."

TEST OPHTHALMIC PREPARATIONS

These facts can lead a conscientious hospital pharmacist to only one conclusion, that is, the type of control exercised over ophthalmic preparations must equal those given to parenteral medication. Sterility must be guaranteed. Clarity, toxicity and pH must be checked and it would be comforting to file away the results of a chemical assay—if only for its somnifacient value.

Because space limitations prevent the discussion of problems concerning the manufacture of sirups, elixirs, suppositories, suspensions and other dosage forms, this is not to be construed as indicating that control procedures for these products are unimportant. As a matter of fact, the preparation of oral and parenteral suspensions presents problems of a high order of magnitude and only difficulties await those who undertake to make such



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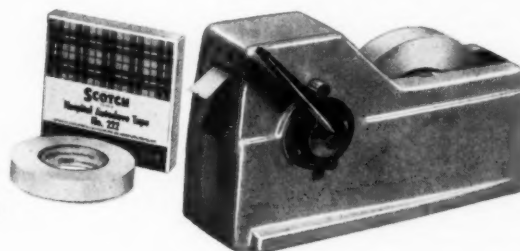
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Although I am not a practicing hospital pharmacist at this time, I offer a suggestion. There appears to be a considerable difference of opinion as to the necessity of conducting certain control procedures as part of the responsibility of the manufacturing hospital pharmacist. Those who favor it insist that the hospital or clinic patient is entitled to the same proof of identity or quality of the product he uses regardless of who makes it—the hospital pharmacist or a recognized pharmaceutical company. The ladies and gentlemen in opposition generally argue that the conditions of hospital manufacturing are different from those encountered in industry and that this difference safeguards the patients and guarantees the quality. It is essential that this difference of opinion be resolved, and it would be healthier for all concerned if the organized pharmacist did the job.

My proposal is that the American Society of Hospital Pharmacists establish a committee to study the problem exhaustively and bring forth a minimum standard for hospital pharmacy control procedures. Such a step would drive home the importance of this aspect of manufacturing in the hospital pharmacy and permit a normal development without incurring the risks of over-regulation following upon investigation. Let no one forget that the present Food and Drug Act grew its permanent incisors following a serious error in a manufacturing plant.

It is my opinion that, with reeducation and training, certain limited but valuable control procedures can be set up and routinely conducted by most hospital pharmacists. The costs involved in the purchase of equipment would represent only a small portion of the savings alleged to accrue from the manufacturing program. Under such circumstances, the prestige obtained would be based not only upon economy but also upon the demonstration of professional skill and responsibility.

As a primitive suggestion, hospital pharmacists might consider the following as representing minimum control standards for manufacturing:

1. An organized, permanent, meaningful system of record keeping including assigned code numbers, personnel involved, tests conducted and results.

2. A preliminary study of all new formulas and manufacturing processes in order to determine the efficacy of the methods employed. Included should be physical, chemical and bacteriological tests.

3. Routine sterility tests on all batches of sterile products; this would eliminate any danger of gross contamination.

4. Frequent, organized pyrogen testing of distilled water or of the finished product if that is possible.

5. Routine identification tests of active ingredients with a broad therapeutic index.

6. Routine analytical assay of active ingredients with a narrow therapeutic index.

7. Establishment of an organized labeling or recall system. This enables the pharmacist to locate and identify any particular batch and recall it if necessary.

The time has come for fewer discussions and articles on economy, layout and equipment, important as these may be. Recognition for accomplishment will come not from tasks undertaken but rather from work well done. A retreat from smug acceptance of competence and performance is in order. There exist means of proving beyond question the quality of most pharmaceutical preparations. The public is entitled to that proof whether the drug moves in interstate commerce or merely circulates on the wards of a 300 bed hospital. I am certain that hospital pharmacists can meet this challenge so that in the not too distant future controlled manufacturing in hospital pharmacies will be the rule and not the exception.

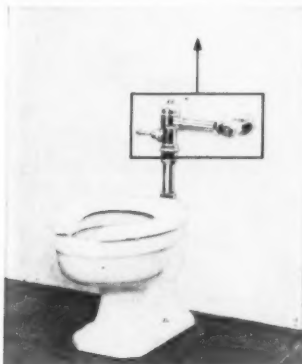
Bibliography

1. Guide Issue: Hospitals 30:15 (Part 2-August) 1956.
2. Steele, F. J.: Smaller Hospitals Can Compound Products in Volume, Amer. Prof. Pharm. 22:3 (March) 1956.
3. Zugich, J. J.: Management Guides-Pharmacy, Hospitals 26:55 (Part 2-June) 1952.
4. Miya, M. and DeKay, H. G.: A Survey of Bulk Compounding in Hospital Pharmacies, Amer. Prof. Pharm. 17:644 (July) 1951.
5. Sister Mary John: A Timely Step for Hospital Organizations Control Supply and Pharmacy Combinations, Amer. Prof. Pharm. 18:898 (October) 1952.
6. Anonymous: The Pharmacy Department of New York Hospitals, Hosp. Management 73:48 (July) 1948.
7. Morgan, M. E.: A Modern Pharmacy for a Small Hospital, Bull. Am. Soc. Hosp. Pharm. 9:188 (May-June) 1952.
8. Beck, A.: Manufacturing in the Pharmacy, Hosp. Management 73:94 (February) 1952.
9. O'Brien, W. T.: The Pharmacy Department of Touro Infirmary, New Orleans,

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Bull. Am. Soc. Hosp. Pharm. 8:366 (September-October) 1951.

10. Hatter, F. M.: The Pharmacy of the University of Chicago Clinics, Hosp. Management 72:94 (July) 1951.

11. Wilkell, N. A.: Preparation of Safe Parenteral Solutions by Hospitals, Hospitals 12:49 (November) 1948.

12. Ambruster, V.: Pharmacy Department of Charity Hospitals, New Orleans, Bull. Am. Soc. Hosp. Pharm. 5:214 (September-October) 1948.

13. Cathcart, J. R.: Economics of Manufacturing in a One Hundred Bed Institution, Bull. Am. Soc. Hosp. Pharm. 5:168 (July-August) 1948.

14. Purdum, J. R.: Manufacturing Ointments, Emulsions and Suspensions, Bull. Am. Soc. Hosp. Pharm. 5:198 (July-August) 1948.

15. Cathcart, J. R.: Manufacturing in a

Small Hospital, Pharmacy 13:470 (May) 1947.

16. Godley, A. P. and Godley, L. F.: Sterile Medications in the Hospital Pharmacy, Amer. Prof. Pharm. 12:854 (September) 1946.

17. Wolfe, L. W.: Parenteral Medications, Bull. Am. Soc. Hosp. Pharm. 3:180 (May-June) 1946.

18. Kumpf, R. A.: Attaining Economy in the Pharmacy Through Non-Sterile Manufacturing, Hospitals 20:102 (May) 1946.

19. Kumpf, R. A.: Pharmacy Department at New Haven Hospital, Bull. Am. Soc. Hosp. Pharm. 3:40 (March-April) 1946.

20. Thompson, H. O.: Manufacturing Pharmacy Serves Patients, Hosp. Management 61:80 (January) 1946.

21. Laura, A. P.: The Department of

Pharmacy, Charity Hospital of Louisiana, Bull. Am. Soc. Hosp. Pharm. 2:72 (May-June) 1945.

22. Long, H. R.: We Make Our Own Solutions, Mod. Hosp. 59:106 (November) 1942.

23. DeKay, H. G.: Equipment for Manufacturing, Mod. Hosp. 56:94 (June) 1941.

24. Rasmuson, E.: Economy of Manufacturing in Hospital Pharmacy, Hospitals 15:49 (May) 1941.

25. Johnson, L. W.: Preparing Intravenous Fluids, Mod. Hosp. 54:110 (May) 1940.

26. Reamer, J. T.: Manufacturing in the Hospital Pharmacy, J. Am. Pharm. 27:789 (September) 1938.

27. Mordell, J. S.: To What Extent Should Hospital Pharmacists Manufacture, Hospitals 13:76 (February) 1938.

28. McAllister, H. C. and Burlage, H. M.: Some Observations on the Preparation of Intravenous Solutions in the Hospital Pharmacy, J. Am. Pharm. A. 25:756 (September) 1936.

29. Schmitz, L. F.: Economy of Manufacturing Ointments in Hospitals, J. Am. Pharm. A. 24:1244 (December) 1935.

30. Hockert, B. E.: What Preparations Ought to Be and Can Be Made in the Hospital Laboratory, J. Am. Pharm. A. 13:341 (April) 1924.

31. Murlin, A.: Development or Modification of Institutional Formulas, Bull. Amer. Soc. of Hosp. Pharm. 3:46 (March-April) 1946.

32. Hitzelberg, W. F. and Slanker, R. C.: The Pharmacy, Los Angeles General Hospital, Bull. Am. Soc. of Hosp. Pharm. 8:97 (March-April) 1951.

33. Templeton, L.: It Pays to Manufacture in the Hospital, J. Am. Pharm. A. Pract. Pharm. Ed. 4:362 (November) 1943.

34. Murphy, J. T.: Parenteral Solution Equipment, J. Am. Pharm. A. Pract. Pharm. Ed. 8:77 (February) 1947.

35. Shull, N. H.: Sterile Solution Manufacture, Am. Prof. Pharm. 13:570 (June) 1947.

36. Sister M. Clara Francis: Parenteral Fluids Prepared in the Hospital Pharmacy, Bull. Am. Soc. Hosp. Pharm. 5:144 (May-June) 1948.

37. Klemme, C. J.: Manufacturing Control Systems in Hospital Pharmacy, Bull. Am. Soc. Hosp. Pharm. 6:278 (November-December) 1949.

38. Murphy, J. T.: Practical Pharmaceutical Control, Bull. Am. Soc. Hosp. Pharm. 11:262 (July-August) 1954.

39. Morrison, S. et al.: The Best Buy in Parenteral Solutions, Mod. Hosp. 84:90 (May) 1955.

40. Knudsen, I.: Sample Size of Parenteral Solutions for Sterility Testing, J. Am. Pharm. Assoc. Sci. Ed. 38:332 (June) 1949.

41. Muether, R. O.: Pyrogens in Intravenous Solutions, Hosp. Progr. 10:301 (October) 1949.

42. Sullivan, F. J.: Basic Considerations for the Pharmacist in a Sterile Solutions Program, Am. Prof. Pharm. 16:894 (October) 1950.

43. Tice, L. F.: Manufacturing in the Hospital (Editorial), Am. J. of Pharm. 121:415 (November) 1949.

44. Hadgraft, J. W. and Bissett, I. S.: Antazoline Cream, Pharm. J. No. 4578 (July 28) 1951.

45. Theodore, F. H. and Minsky, H.: Lack of Sterility of Eye Medications, J. A.M.A. 147:1381 (December) 1951.

46. Skolaut, M. W.: Ophthalmic Medications, Bull. Am. Soc. Hosp. Pharm. 5:172 (July-August) 1948.



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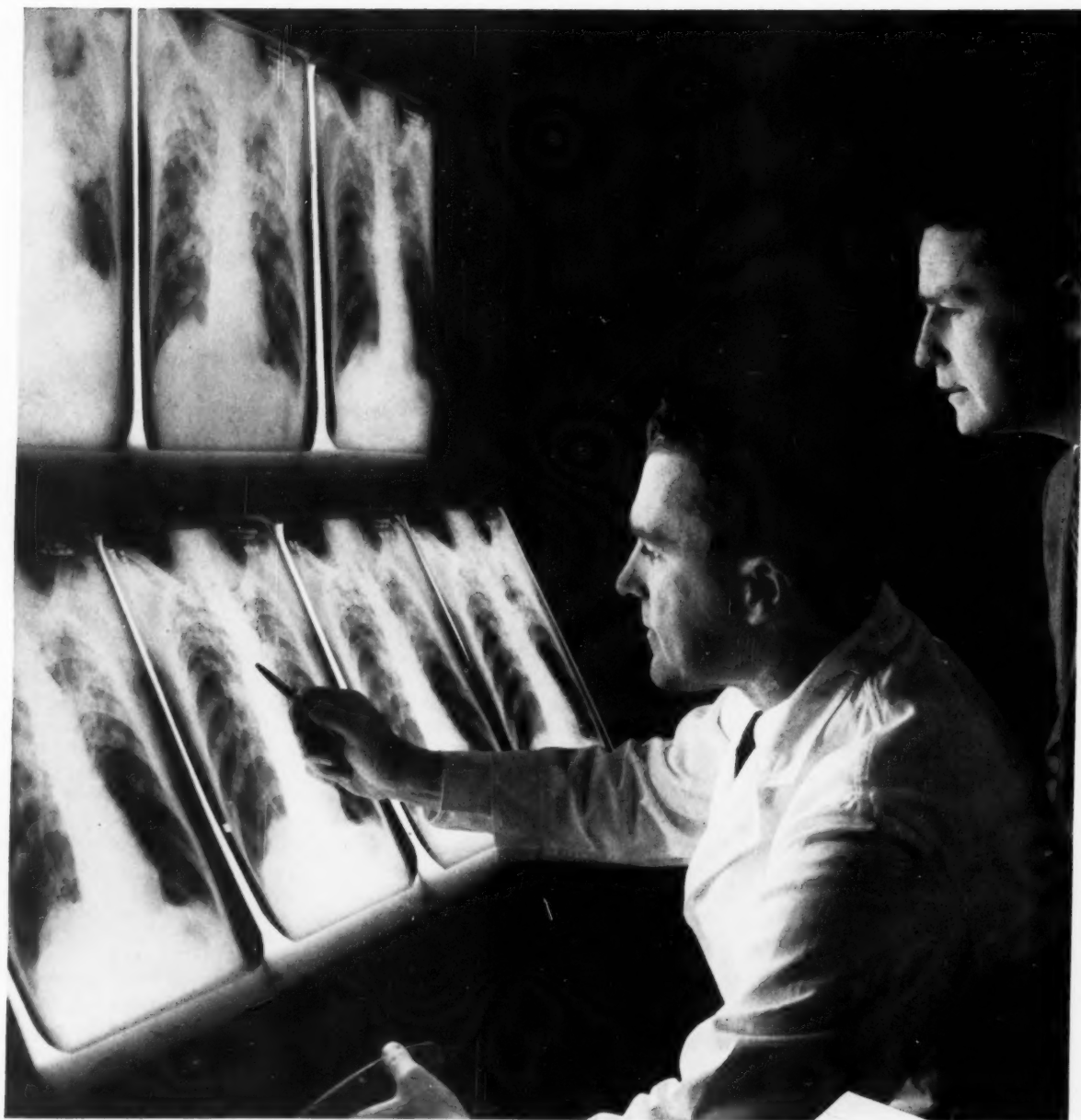
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Food Costs Can Be Determined by Weight

By reducing the welter of food measures to a simple denominator of weight, the author was able to figure costs with great accuracy and also discovered that the close check on food service brought costs down

CHARLES M. TIPTON

A RATHER wide person-variance in costs is found in the cost of balanced diets for people of various age levels who live in public homes, hospitals, or other institutions. Part of the difficulty in correlating cost-per-person food intake figures for any calendar period is the confusion of measures commonly employed. The need of a common denominator for these units of measure, ranging from gallons to dozens, became evident to me early in my food cost accounting study.

COSTS WERE SURPRISINGLY LOW

Accordingly, the method described here was evolved. When the method was put into practice, it was learned that the meals served in the nursing home under study cost less than 70 cents per day per person. This surprisingly low cost was, in part, the result of the weight denominator used, because a closer surveillance of food purchases and usage was made possible.

The first six months of the study were devoted to experimenting with the theory that it must be possible to reduce the welter of food measures to a simple denominator of weight.

The task was made easier by the fact that federal food regulations stipulate that all packaged foods must bear a clear statement of weight or fluid ounce content, and also by the

fact that all chain food stores and wholesalers sell produce on the pound basis. Liquid foods, such as milk and cream, were reduced to weight factors by means of the conversion tables found in Agriculture Handbook No. 16, "Planning Food for Institutions," issued by the Bureau of Human Nutrition and Home Economics, U.S. Department of Agriculture, Washington 25, D.C. Thus, keeping a record of food purchases and use on a weight basis was greatly simplified.

After it was determined that weight only, as a measure of cost and usage, could be employed with ease, the new method was applied over a 10 month period in a nursing home that consistently served a reasonably balanced diet. The sole intent was to study the cost per person, per calendar period, of foods grouped according to the Basic Eleven groups recommended by the Bureau of Human Nutrition and Home Economics. There was no effort made to reduce costs or show an interestingly low food-cost figure. The best brands of foods and choice grades of meat were purchased and served as usual, although these were not necessarily the more popular brands or highest priced cuts. Menus used in the home before the study was begun continued to be used. The two interests of the management were to serve palatable, interesting, balanced meals, while determining the cost per person of those meals over a given period of time.

Although the Basic Eleven food groups provided a satisfactory means of listing the foods, both for record-

ing and for nutritional guidance, it was necessary for accounting purposes to add a twelfth group, including items not appearing in the Basic Eleven. Group 12, "Food Adjuncts," was added, as is seen in Table 1 on page 122. In this group are included coffee, tea, ginger ale, carbonated beverages, and so forth. Because of space limitations, Table 1 presents figures for only two months out of the total 10 months' experience. Only negligible variations in the average daily usage and cost of food appeared from month to month over the 10 month period of the study, except that usage of milk declined in July and August.

PERCENTAGE OF PROTEIN

Dietitians and nutritionists will find in Table 1 other points of interest. The advocates of higher percentages of protein in the diets of older age groups will note that 45 per cent of the food consumed is classified in Groups 5 to 7 inclusive, the high protein groups. This fact is shown more clearly in Table 2, where a breakdown of these groups is presented to show the actual food items served.

It is apparent, upon comparison with the recommendations of Handbook No. 16, "Planning Food for Institutions," that the experience in the nursing home under study does not coincide exactly with those recommendations. As already noted, the consumption of milk and milk products declined during the warmer summer months. However, their use at no time reached the recommended amount, although the management of

Mr. Tipton, director of a Maryland nursing home and a retired cost accountant, was working on this paper at the time of his death. The article was completed by his son, who is an accountant.

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Swiftly and competently, the nation-wide Sexton delivery fleet is always on the job—supplying much of the food daily required by tens of thousands of public eating places and most of America's hospitals, colleges and other institutional operations. Sexton services and sells directly more of such establishments than any other wholesale grocer in America. Sexton salesmen are thoroughly trained in the requirements of the institutional market. Thanks to 74 years of experience, Sexton commands the best foods the markets of the world afford. The Sexton line is always exceptional in extent and variety—always outstanding in uniformity and quality.

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TABLE 1—STUDY OF FOOD COSTS IN A NURSING HOME, MADE IN 1955
DURING JANUARY, FEBRUARY AND MARCH—10 PERSONS WITH MEDIAN AGE OF 72 YEARS

Group No.	Basic Groups	Recommended Weight ^a			Wt. Used in Nursing Home		Comparisons of Per Cent Wt. Food Served				Nursing Home Average Group Price	
		Low Cost	Mod. Cost	Av. 182	31 Days	59 Days	Mod. Cost Meals ^b	Av. of Low and N. Home		31 Days	59 Days	
								Mod. Cost	N. Home			
1	Leafy, green and yellow vegetables.....	110	150	130	94	171	11	10	8	8	11¢	14¢
2	Citrus fruit, tomatoes and other high Vitamin C fruits.....	95	120	108	108	217	9	9	9	10	10	10
3	Potatoes: white and sweet.....	110	80	95	58	103	6	10	5	5	4.6	4.6
4	Other vegetables and fruits.....	110	140	125	150	276	10	10	13	14	13	13
5	Milk and milk products.....	474	516	495	318	550	39	39	29	26	10	10.8
6	Meat, poultry, fish.....	115	155	135	129	267	12	11	11	13	50	50
7	Eggs.....	23	33	28	65	110	3	2	6	5	38	37
8	Dry beans, peas, nuts.....	6	3	5	—	—	—	—	—	—	—	—
9	Flour, cereals, baked goods.....	95	75	85	91	170	6	7	8	8	14	17
10	Fats and oils.....	21	30	25	30	54	2	2	3	3	26	26
11	Sugar, sirups, preserves.....	21	30	25	57	99	2	2	5	5	10	12
12	Food adjuncts.....	—	—	—	31	65	—	—	3	3	30	35
TOTALS.....		1180	1332	1256	1131	2082	100%	100%	100%	100%	18¢	19¢
Average daily use for 30 days (recommended use), compared with 31 and 59 days in Home.....		39	44	42	36	35	—	—	—	—	—	—
Average person cost per day [†]		—	—	—	—	—	—	—	—	—	64¢	67¢
Average cost, patient day [‡]		—	—	—	—	—	—	—	—	—	81¢	96¢

* "Planning Food for Institutions," Agriculture Handbook No. 16, Bureau of Human Nutrition and Home Economics, Department of Agriculture.

† Patients and personnel, food cost only.

‡ Cost of food per patient plus proportionate share of food cost for personnel.

TABLE 2—QUANTITIES OF BASIC GROUPS 5-7
SERVED IN NURSING HOME DURING
FEBRUARY AND MARCH, 1955
10 PERSONS WITH MEDIAN AGE OF 72 YEARS

Group Number	POUNDS		
	February (28 Days)	March (31 Days)	Average (per Month)
5. Milk & Milk Products			
Fluid Milk:			
Homogenized.....	110	159	
Evaporated.....	80	107	
Dry, nonfat.....	10	32	
Buttermilk.....	5	0	
TOTAL.....	205	298	251
Solid milk products:			
Ice cream.....	15	10	
Cottage cheese.....	9	8	
Processed cheese.....	3	2	
TOTAL.....	27	20	24
TOTAL MILK AND MILK PRODUCTS.....	232	318	275
6. Meat, Poultry, Fish			
Meat:			
Beef products.....	18	27	
Pork products.....	24	19	
Veal products.....	9	6	
Lamb products.....	18	20	
TOTAL.....	69	72	71
Poultry:			
Chicken (stewers, bakers, fryers).....	31	32	
Turkey.....	15	16	
TOTAL.....	46	48	47
Sea food:			
Fresh, canned, or frozen.....	8	9	8
TOTAL MEAT, POULTRY, FISH.....	123	129	126
7. Eggs.....	45	65	55
TOTAL IN HIGH PROTEIN GROUPS.....	400	512	456
Per cent of total weight served.....	44%	45%	44%

the home made available to its members the quantity considered desirable. No effort to present these food items in more interesting form succeeded in increasing their consumption. For this particular nursing home under study, the recommended amount of milk and milk products appears high.

Administrators of institutions will find interest in the column in Table 1 which indicates that the cost of food served was approximately 64 cents per person per day, and that the total cost for a 31 day period was \$19.94 per person. This low figure is the more surprising in view of the fact that the median age of those served was 72 years, for this is the age when appetites and tastes are inclined to be finicky and a wider range of foods is required than for younger people.

There are two matters of obvious concern to nursing home operators in this report. The first is, "How was this low cost achieved?", followed closely by the second, "It must require a tremendous expenditure of time to maintain such records." However, less than 16 hours' time went into the preparation of Table 1. Neither does the work require any special training or exceptionally keen mathematical ability. Sufficient experience with the use of the forms and time to become acquainted with the classifications used is all that is necessary.

The following forms were developed and used in the nursing home study

Meals now served in half the time with...



Administrators and Food Service Supervisors are excited about the proven Mobilteria System of Food Service!

Administrators are enthusiastic!

Low maintenance cost—Standard Hotpoint heating units used in construction of the Mobilteria.

Reduced man hour cost—3 persons can now serve 100 meals in less than one hour.

Resulting additional revenue-producing space—The Mobilteria operates in the halls, and serves complete meals plus beverages on the spot.

Your investment in the Mobilteria System is amortized in 6 months!



Food Service Supervisors find these advantages with Mobilteria:

Increased efficiency—and full responsibility for food preparation and serving assigned to the dietary department key personnel.

Increased patient morale—Food and drink served at proper temperatures "on the spot."

Paper work cut to a minimum—selective menu taken minutes before serving by Mobilteria attendant.

Relieved communications system—Mobilteria has sufficient space built in to serve both regular and special diets.

Eliminates food loss—due to cancellations, small appetites, and last minute diet changes.

Mobilteria is the only self contained unit serving 100 meals!



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FORM A—COMBINED RECEIVING REPORT AND ISSUE RECORD

May 1955		Receipts <input type="checkbox"/>	Issues <input type="checkbox"/>						
		Transfer <input type="checkbox"/>	Inventory <input type="checkbox"/>	W—Water added					
Date	Food Item	Group No.	Condition	Size	Quantity	Weight Unit of	Total lb. oz.	Unit Price \$	Item Cost \$
1	Lettuce.....	1	R	Head	3	lb.	3 0	0.19	0.57
	Evaporated milk (W).....	5	C	14½ oz.	12	1.7	19 8 6F	0.73	1.46
	Cottage cheese.....	5	P	12 oz.	4	12 oz.	3 0	0.25	1.00
	Dry nonfat milk (W).....	5	P	lb.	2	5 to 1	10 0	0.39	0.78
	Ice cream.....	5	P	Gal.	1	lb.	5 0	0.38	1.90
	Peaches.....	4	C	2½	12	29 oz.	21 2	0.30	3.60
	Rib beef.....	6	R	5 Rib	14	lb.	14 0	0.70	9.80
	Oatmeal.....	9	P	3 lb.	3	3 lb.	9 0	0.33	0.99

Copyrighted December 1955.

indicated: (A) combined receiving report and issue record; (B) monthly classified record of food usage; (C) monthly classified use record.

Form A—combined receiving report and issue record—is the basic form used for records of food purchases or issues of food. It provides all the information required later and serves as a posting medium for month-

ly and yearly records. An overlay sheet, which does not obscure the column of food items on the left side or the column headings across the top of the page, provides the record space for entering data about foods issued.

Form B—monthly classified record of food usage (p. 126)—omits Group 8 of the Basic Eleven to conserve space, since no further explanation of Group

8 is required. Group 12, mentioned earlier, is not shown in the example because it, too, has been sufficiently explained. For clarity and speed in making entries, the other groups have been coded, as indicated in the lower part of Form B. For instance, immediately below the column head which reads, "Group 1, Leafy Green and Yellow Vegetables," are subheadings under which to indicate the weight by pounds or ounces, as well as the cost. Between the columns for entering weight and cost, there appear numerals in parentheses, referring to the breakdown which will be found, still in the Group 1 column, as a list reading, "1. Leafy; 2. Green; 3. Yellow." By entering the applicable number from this list in the parentheses between the weight and cost columns, the type of product purchased or used, thus is indicated in code. Because of the many kinds of meat products, the code for Group 6 is quite extensive. It may aid the recorder if he makes up a code reference sheet for his convenience.

The entries made in the combined receiving report and issue record (Form A) will be posted to the

FORM C—MONTHLY CLASSIFIED USE RECORD

Median Age 72 Years

Group #	Classification	Average Pound Price				Group Weight Ratio				Recommended Weight Ratio Bureau of Human Nutrition and Home Economics*
		July	August	Sept.	Oct.	July Item Gr.	August Item Gr.	Sept. Item Gr.	Oct. Item Gr.	
1	Leafy, Green & Yellow Vegetables.....	14¢	17¢	17¢	15¢	9%	5%	8%	7%	11%
2	Citrus, High Vitamin C Fruits & Tomatoes.....	10¢	10¢	12½¢	13¢	15%	13%	7%	9%	9%
3	Potatoes.....	6¢	6¢	2½¢	3¢	5%	6%	7%	7%	6%
4	Other Fruits & Vegetables.....	16¢	11¢	10¢	13¢	12% 41%	15% 39%	17% 39%	15% 38%	11% 37%
5	Milk & Milk Products....	10¢	9¢	9¢	12¢	24%	22%	27%	28%	39%
6	Meat, Fish & Poultry.....	53¢	49¢	54¢	54¢	10%	13%	12%	12%	12%
7	Eggs.....	40¢	45¢	48¢	53¢	5% 39%	3% 38%	3% 42%	3% 43%	2% 53%
8	Dry Beans, Peas & Nuts..	—	—	—	—	—	—	—	—	—
9	Flour, Cereal & Bakery Products.....	17¢	18¢	17¢	27¢	8%	11%	8%	9%	6%
10	Fats & Oil.....	30¢	30¢	26¢	27¢	4%	3%	2%	3%	2%
11	Sugar, Sirup & Preserves.....	10¢	11¢	12½¢	17¢	6%	7%	7%	5%	2%
12	Food Adjuncts.....	48¢	50¢	67¢	86¢	2% 20%	2% 23%	2% 19%	2% 19%	10%
						100%	100%	100%	100%	100%
	Average per lb.....	19¢	19¢	19¢	22¢	100%	100%	100%	100%	100%
	Average weight per Person day.....	—	—	—	—	3.4 lb.	3.3 lb.	3.7 lb.	3.2 lb.	4.7 lb.
	Average cost per Person day.....	64¢	63¢	70¢	70¢	—	—	—	—	—
	Person days.....	—	—	—	—	355	284	255	319	300

*Planning Food for Institutions, Department of Agriculture Handbook No. 16.

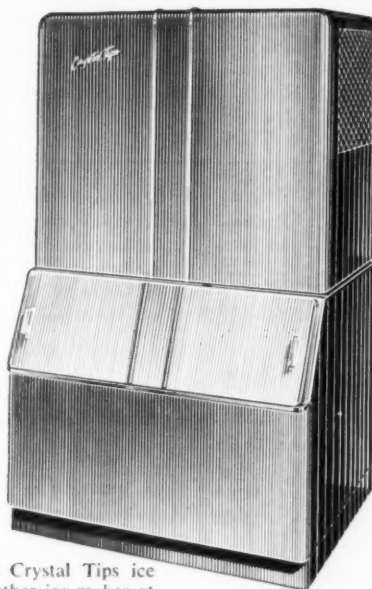
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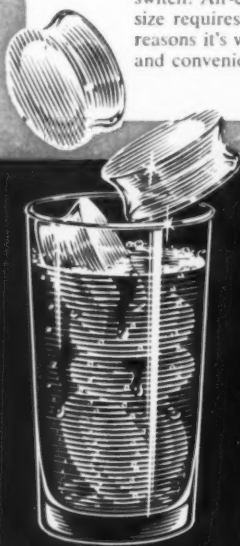
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- ★ Large (320 lb.) stainless steel storage bin!
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- ★ Operates quietly, efficiently, automatically.



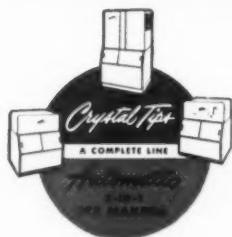
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FORM B—MONTHLY CLASSIFIED RECORD OF FOOD USAGE

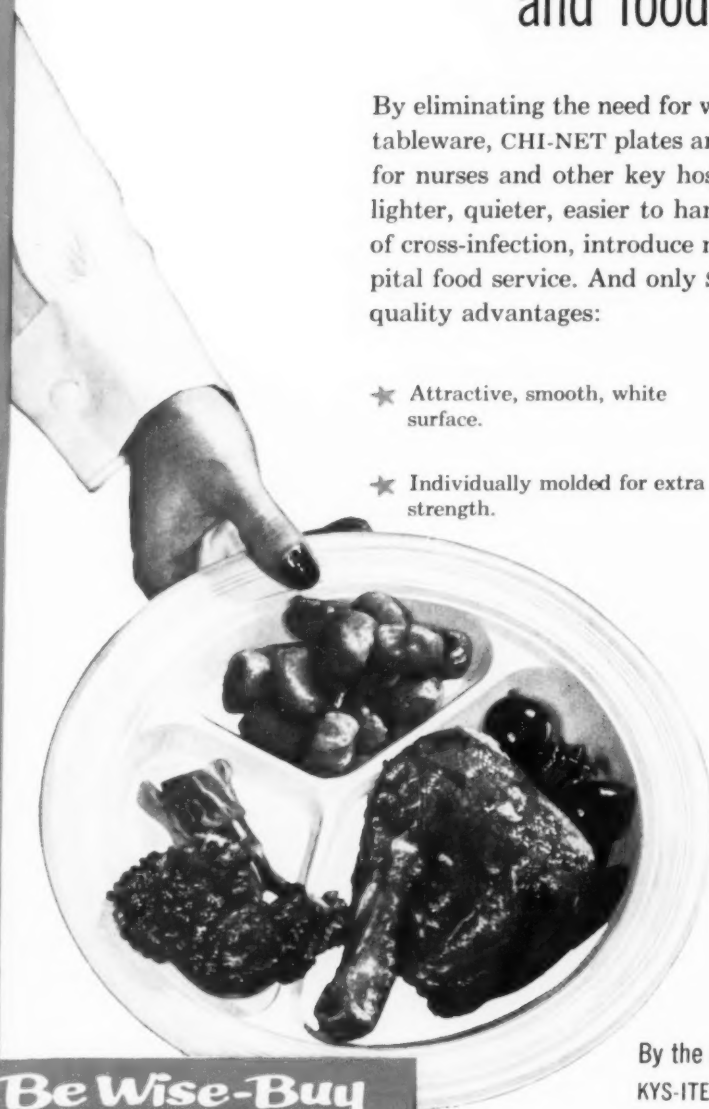
Month	Purchases	Group 1 Leafy, Green & Yellow Vegetables		Group 2 Citrus & Tomatoes		Group 3 Potatoes		Group 4 Other Fruits & Vegetables	
1		Weight		Weight		Weight		Weight	
2		lb. oz.	\$ Cost	lb. oz.	\$ Cost	lb. oz.	\$ Cost	lb. oz.	\$ Cost
3		6 0 (1)	0.90			50 0	1.50		
4		9 0 (2)	1.62						
5									
6									
		1. Leafy		1. Citrus—whole		1. White		1. Apples	
		2. Green		2. Citrus—juice		2. Sweet		2. Peaches	
		3. Yellow		3. Tomatoes				3. Pears	
				4. Melons				4. Prunes and plums	
				5. Berries				5. Bananas	
				6. Pineapple				6. Other fruits	
								7. Vegetables	

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Menus for June 1957

Ruth M. Reed
Chief Dietitian
Alta Bates Community Hospital
Berkeley, Calif.

1 Strawberries Shirred Egg, Cornbread • Crab Cocktail Smothered Chicken With Rice Peas Molded Vegetable Salad Melon Balls • Chicken Rice Soup Baked Ham, Glazed Sweet Potato Green Salad, Celery au Gratin Caramel Custard	2 Peaches French Toast, Ham • Jellied Consommé Noisette of Lamb Mashed Potatoes Green Beans Banana Nut Salad Ice Cream • Cream of Mushroom Soup Tomato Stuffed With Tuna Salad Cornmeal Muffins Fruit Gelatin	3 Melon Scrambled Eggs, Bacon • Mongol Soup Veal Scallopini Buttered Rice Corn on the Cob Coleslaw Chocolate Mint Soufflé • Consommé Ham Loaf, Mint Jelly Sauce Sweet Potato Puff Buttered Peas Fresh Fruit Salad Spanish Cream	4 Grapefruit Half Poached Egg, Popovers • Bouillon Roast Beef au Jus Whipped Potatoes Rosebud Beets Vegetable Salad 1000 Island Dressing Burnt Sugar Cake • Cream of Mushroom Soup Salmon Mousse, Cucumber Dressing Baked Potato Stuffed With Cheese Asparagus Fresh Fruit Plate	5 Sliced Banana Omelette, Jelly Snails • Cream of Asparagus Soup Roast Lamb, Chutney Oven Browned Potatoes Summer Squash Celery Pineapple Cantaloupe Supreme • Chicken Broth Broiled Calves Liver, Bacon Curls Potatoes O'Brien Broiled Tomato Fruit Soufflé Peach Shortcake	6 Nectarines Scrambled Eggs, Muffins • Split Pea Soup Pork Tenderloin Sauté With Mushrooms Buttered Noodles Brussels Sprouts Pineapple Cottage Cheese Salad Baked Lemon Pudding • Cream of Tomato Soup Club Sandwich Green Salad, Roquefort Dressing Apple Betty
7 Pineapple Poached Egg, Biscuits • Clam Chowder Swordfish Steak, Lemon Butter Escalloped Potatoes Fordhook Lima Beans Stuffed Pepper Slices Fresh Fruit Cup With Sherbet • Cream of Potato Soup Crab Louis Bowl With Stuffed Egg Fresh Broccoli Olives, Celery and Carrot Curls Cheesecake	8 Stewed Prunes Scrambled Eggs, Sausage • Shrimp Cocktail Sauerbraten Potato Pancakes Buttered Peas Lettuce Salad, French Dressing Strawberry Shortcake • Beef Broth Beef Patties on Toasted English Muffin Corn Caesar Salad Caramel Custard	9 Fresh Peach Rolled Omelette • Cream of Onion Soup Broiled Lamb Chop With Minted Pear Parsleyed Potatoes Glazed Carrots Devil's Food Cake • Consommé Crab Newburg in Patty Shell Fresh Broccoli Spring Salad Ozark Pudding	10 Grapefruit Half Shirred Eggs, Cornbread • Mulligatawny Soup Baked Stuffed Chicken, Spiced Watermelon Yams Succotash Texas Salad Date Torte • Cream of Chicken Soup Cheese Roll Baked Stuffed Tomato Grapefruit Salad Sherbet	11 Melon Poached Egg, Jelly Snails • Beef Broth Beef Pot Roast, Vegetable Gravy Baked Potato Buttered Cauliflower Molded Black Cherry Salad Butterscotch Sundae • Cream of Pea Soup Chicken Livers With Curried Rice Julienne String Beans Green Salad Prune and Graham Cracker Pudding	12 Boysenberries French Toast, Bacon • Vegetable Soup Braised Lamb Shanks Creamed Diced Potatoes Corn Stuffed Celery Hearts Topsy Squire Pudding • Cream of Celery Soup Cheese Fondue Chopped Spinach With Lemon Lettuce Salad, French Dressing Strawberries, Whipped Cream
13 Fresh Fruit Scrambled Eggs, Bacon • Jellied Consommé Broiled Steak Mashed Potatoes Green Beans Banana Nut Salad Sherbet • Cream of Mushroom Soup Tomato Stuffed With Chicken Salad Baked Potato Asparagus, Pimiento Salad Minted Melon Balls	14 Stewed Apricots Poached Egg, Muffins • Clam Broth Lobster Thermidor en Casserole Buttered Rice Artichoke Hearts Fresh Fruit Salad Lemon Delicacy • Spinach, Egg Drop Soup Filet of Sole, Tartare Sauce au Gratin Potatoes Italian Squash Green Goddess Salad Fresh Pineapple	15 Sliced Banana Jelly Omelette, Biscuits • Okra Soup Pork Chops Boulangere Duchesse Potatoes Peas Paysanne Molded Fruit Salad Whole Peeled Apricots With Pecan Crisps • Bouillon Chicken Drumsticks Candied Sweet Potatoes Spinach Casserole Coleslaw Apple Pie	16 Strawberries French Toast, Sausage • Vegetable Soup Roast Duck With Dressing, Spiced Orange Mashed Potatoes Asparagus Reception Salad Ice Cream Roll • Crab Cocktail Scraped Beef Patties Baked Potato Broiled Tomato Celery Victor Fresh Fruit Cup	17 Sliced Peaches Shirred Eggs, Bacon • Cream of Tomato Soup Roast Beef au Jus Baked Potato Fresh Broccoli Minted Pear, Cream Cheese Molded Salad Tapioca With Fruit Sauce • Corn Chowder Shrimp Stuffed Peppers Minted Carrots Grapefruit, Melon Slices Peach Pie	18 Grapefruit Half Scrambled Eggs, Roll • Consommé Roast Leg of Lamb Oven Roasted Potatoes Buttered Peas Tossed Green Salad, French Dressing Pineapple Upside Down Cake • Cream of Chicken Soup Swedish Meat Balls Baked Potato Tomato, Pepper Ring Salad Fresh Fruit Plate, Cream Cheese
19 Strawberries Poached Egg, Jelly Snail • Scotch Broth Roast Turkey, Dressing, Cranberry Sauce Mashed Potatoes Brussels Sprouts Julienne Vegetable Salad Ice Cream • Cream of Vegetable Soup Fresh Fruit Salad Plate With Sliced Chicken Hot Cornbread With Honey Butter "Tease" Dessert	20 Fresh Pineapple Omelette, Muffins • Turkey Noodle Soup Meat Loaf au Gratin Potatoes Buttered Green Beans Sunburst Salad Lazy Daisy Cake • Cream of Celery Soup Lamb Chop, Mint Jelly Zucchini Squash Summer Salad Chocolate Meringues	21 Stewed Prunes French Toast, Sirup • Fish Chowder Shrimp Creole Steamed Rice Corn Romaine, Sliced Orange Salad Lemon Chiffon Pie • Fruit Cocktail Macaroni and Cheese Asparagus Sliced Beets Mixed Green Salad, 1000 Island Dressing Chocolate Angel Food Cake	22 Fresh Berries Scrambled Eggs, Biscuits • Consommé Baked Ham, Sour Cream Horseradish Dressing Spoonbread Chopped Spinach Molded Banana, Date, Cherry Salad Rice Pudding • Cream of Mushroom Soup Assorted Finger Sandwiches Cottage Cheese and Fresh Fruit Salad Butterscotch Sundae	23 Sliced Banana Poached Egg, Bacon • Spinach, Egg Drop Soup Broiled Chicken, Spiced Watermelon Mashed Potatoes Buttered Peas Stuffed Olives Carrot and Celery Curls Ice Cream • Split Pea Soup Cold Roast Beef With Watercress and Tomato Baked Stuffed Potato Celery Victor Royal Anne Cherries	24 Grapefruit Half Shirred Egg, Coffee Cake • Oxtail Soup Swiss Steak Baked Sweet Potato Broccoli Vegetable Salad Cantaloupe, Raspberry Ring • Split Pea Soup Corned Beef Hash en Casserole String Beans With Sour Cream Glazed Carrots Fresh Fruit Salad Banana Nut Layer Cake
25 Stewed Apricots Jelly Omelette, Bacon • Tomato Rice Soup Broiled Calves Liver, Bacon Curls Corn Pudding Zucchini Creole Green Salad Chocolate Mint Chiffon Pie • Chicken Broth Individual Chicken Pie Asparagus Tips Reception Salad Strawberry Shortcake	26 Strawberries Scrambled Eggs, Roll • Oyster Bisque Roast Beef au Jus Mashed Potatoes Green Beans With Almonds Coleslaw Sherbet • Cream of Tomato Soup Toasted Tuna Sandwich Hot Potato Salad Cheese Stuffed Lettuce Peach Meringues	27 Sliced Banana Poached Egg, Sausage • Vegetable Soup Baked Canadian Bacon Sweet Potato Puff Italian Squash Stuffed Celery Hearts Fresh Fruit Cup • Cream of Celery Soup Ground Steak, Mushroom Sauce Baked Potato Stuffed With Cheese Fruit Salad Bowl Date Torte	28 Melon French Toast, Bacon • Coney Island Clam Chowder Halibut, Cheese Casserole Buttered Noodles Succotash Perfection Salad Cream Puffs With Ice Cream Filling • Vegetable Soup Fruit Salad Plate With Cottage Cheese Melba Toast Devil's Food Cake	29 Nectarines Scrambled Eggs, Biscuits • Beef Gumbo Soup Veal Birds Potato Soufflé Corn Cardinal Salad Fruit Cup With Sherbet • Cream of Asparagus Soup Creamed Turkey on Toast Oven Browned Potatoes Spinach With Sliced Egg Molded Pineapple Salad Tapioca Pudding	30 Mandarin Oranges Poached Egg, Ham • Melon Ball Cocktail Broiled Lamb Chop Mashed Potatoes Buttered Peas Caesar Salad Ice Cream Roll • Consommé Shrimp Salad, Louis Dressing Sliced Nectar Peaches Brownies

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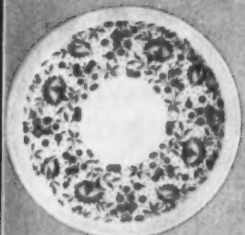


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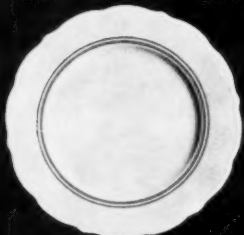
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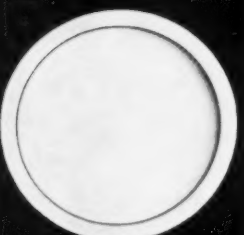
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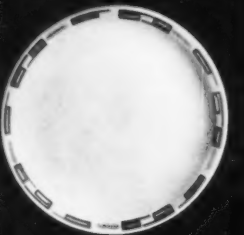
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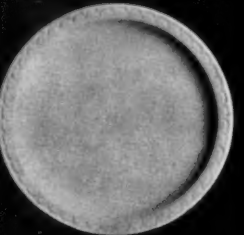
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MAINTENANCE AND OPERATION

The Care and Treatment of Water

Increasing use of a decreasing amount of water available to hospitals makes careful analysis of water systems and the proper treatment of water for each system essential

LELAND J. MAMER

IN THE past several years there has been a serious decrease in water available for consumption and hence restrictions in its usage have been imposed. Water analysis has changed so that today we have to be more careful in the treatment of water to make it usable in all areas of the hospital. With increased demand for water usage and a limited water supply, the hospital engineer also has the serious problem of conserving water.

SYSTEMS FOR WATER USAGE

The various systems for water usage in the hospital can be classified into the following categories:

1. The boiler room, where water furnished to the steam-producing boilers can be utilized without causing scaling or corrosion of the equipment, as well as providing steam that is sufficiently clean for cooking purposes and for heating.

2. The domestic water system, which supplies hot and cold water to all areas of the hospital. Here the problem is primarily that of the hot water system and the heaters, circulating pumps and piping involved.

3. The laundry water, which is usually supplied directly from the city water supply and utilizes separate hot water heaters. However, there are many hospitals where the supply of hot water to the laundry comes from the domestic hot water system of the hos-

pital. This is neither necessarily good practice nor economical. The basic problem is the difference in water temperature requirements (140° F. v. 180° F.).

4. The drinking water system, which is usually supplied from the main house tank of the hospital and requires little attention except for the refrigeration compressor units.

5. Hot water heating systems, where used.

6. The large central refrigeration system for air conditioning in which a cooling tower is involved, as well as chilled water circulating system and humidification necessary to deliver satisfactory air for the various areas to be conditioned.

MAKE PERIODIC ANALYSES

Each system uses water differently. It is essential that the water be carefully analyzed periodically in relation to its usage in the hospital so that proper treatment will be maintained. Also, regular tests should be made of the several systems to be sure adequate treatment, not an over or under dosage, exists. The sources of water must be considered also, as the chemical makeup of the water varies from season to season. These main sources are wells, rivers or streams, and lakes or man-made reservoirs. If the water supplied to the hospital is filtered, this should be taken into account when the type of treatment system to be installed is decided upon.

Of all these systems, the first, involving the water for the boiler room,

is the most important. When it is realized that 0.1 inch deposit of scale in the boiler is a loss of about 3 to 5 per cent efficiency, it becomes apparent that the treatment of this water is a relatively serious matter. There are two methods of feed-water treatment, commonly described as internal and external.

ELIMINATE SOURCE OF CORROSION

The purpose of treatment in either case is to reduce or eliminate both the dissolved scale-forming impurities in the water and any entrained O₂ or CO₂ that will cause corrosion. These scale-forming impurities are primarily calcium and magnesium salts in the form of sulfates, carbonates, chlorides or nitrate, as well as oxides of silica, iron and alumina. The water source has a great deal to do with the chemical makeup of the water and varies with the geographic location.

In the external method of treatment, the simplest method is the installation of a zeolite water softener, which removes or replaces the calcium and magnesium salts with soda. It should be noted that zeolite softened water is usually of zero hardness which can cause corrosion as a result of the dissolved O₂ or CO₂ that is set free. This can be overcome by passing the water through a deaerating heater before it enters the boiler or by adding enough raw water to produce a hardness of 2 parts per million or 0.1 to 0.3 grains per gallon. This addition of raw water will provide enough of the hardening salts to lay down a thin

Mr. Mamer is chief engineer, St. Luke's Hospital, New York. The article is condensed from a paper presented at the 1956 Hospital Engineers' Institute, Atlanta, Ga.



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protective scale, which in effect forms a barrier between the steel and the dissolved gases in the water. If raw water is not added, then it may be necessary to add internal post-treatment to counteract the O_2 or CO_2 in the water. Adding a post-treatment is preferred and is recommended by most water consultants.

Because the zeolite softening process is inexpensive and the simplest and easiest to handle, it is by far the most acceptable method for external treatment. This process depends on the zeolite material to exchange one ion for another and to hold it in chemical combination until it is removed by a strong solution during regeneration. Thus, impurities are removed as a liquid.

Another external method of treatment is the lime-soda process, usually found in large industrial plants. This method requires careful and almost constant supervision in order to make adjustments according to the variation in the chemical composition of the raw water and the steam demand of the boiler. However, it does produce a water that is less corrosive.

The fact that it requires considerable space for proper operation and storage of the water being treated makes it less acceptable for use in the average hospital; it also is an expensive installation. This method depends on adding chemicals to the water to form precipitates which must settle out of the water before it enters the boiler. In other words, a sludge or floc is created as a waste product.

In either of these external methods, it must be remembered that entrained O_2 and CO_2 can cause serious corrosion within the boiler, as well as in the heat exchangers and steam supply and return lines. If a method of deaeration is not provided before the water enters the boiler, then some internal treatment will be doubly necessary. It is also possible for these gases to enter the feed water through the air entering the condensate return lines, especially in a vacuum return heating system. This also must be taken into account in the sizing of a deaerating heater so that all water entering the boiler will be as free of excess O_2 and CO_2 as possible.

Internal treatment is the addition

of certain softening chemicals to the water entering the boiler. Under the pressure and temperature of the water in the boiler, these chemicals will convert the scale-forming impurities into a soft, flocculent sludge that can be removed from the boiler through the blow-off line or a continuous blow-down system. The impurities in water in the form of calcium and magnesium salts, as well as oxides of iron, alumina and silica, will begin to precipitate out of the water in the form of sludge as it approaches the boiling point. Therefore, when the water enters the boiler, the pressure and temperature found in the boiler will greatly speed up this reaction and, if there are not sufficient chemicals in the water to prevent precipitation of this sludge, it will adhere to the hot surfaces of the boiler in the form of a hard scale.

Thus, careful analysis of the raw water and regular analysis of the boiler water are necessary to be sure that adequate treatment is being used. The chemical that is usually the most effective in creating a nonscaling sludge in low-hardness water is a phosphate, which sets up a noncrystalline precipitated material form that will assist the organic material in removing other impurities. These other impurities can include oil from steam engines and pumps. There should always be an excess of treatment in the boiler water so that any sludge will be acted upon before it can precipitate. Frequent tests are necessary to be sure there is an excess of treatment, without overtreatment.

Where O_2 is a factor in the boiler water, the use of certain tannins as a part of the treatment is sometimes recommended. Some tannates have the ability to absorb O_2 and make it a part of the precipitated sludge, so that it is harmless. Also, where O_2 and CO_2 are found in the steam leaving the boiler, there are methods of treating this steam by direct injection of chemicals in the main steam line leaving the boiler. These chemicals are usually in the family of amines and are usually referred to as either filming or volatile amines. Ammonia is most commonly used, although it can cause corrosion of copper and copper bearing alloys. Here is where the filming amine is injected directly into the steam line and coats the inside of the pipelines as it is carried along with the steam.

One of the problems to be considered when any volatile chemicals that carry over in the steam are used is

What Happens to a Hospital's Water Supply

AN INCREASE in water usage has occurred primarily as a result of expanding physical facilities of existing hospitals from 50 to 100 per cent in the last 10 years. In too many cases the expansion has taken place without an increase in the hospital's water supply. The average water consumption of a hospital is about 300 gallons per bed per day (75 gallons of hot water and 225 gallons of cold water); thus, any sizable increase in bed capacity also increases water usage. It follows that, with the expanded physical plant, other facilities in the hospital, such as the laundry operation and the heating system, must meet increased demands.

For example, laundry operation has expanded until in the last 10 years the amount of linen needed per patient day has increased from 8 to 10 pounds to an average of 14 to 16 pounds. About 4 to 6 gallons of water are needed to wash 1 pound of clothes; thus, with increased linen usage, there is a sizable increase in

the amount of water used. We can add similar increases in water demands for the dietary department, nursing department, and operating and delivery suites.

Additional services, such as the hydrotherapy department and research laboratories, have been added to the hospital, and these can consume a tremendous amount of water.

More hospitals are using individual refrigeration systems for food, drugs, and drinking water and installing central air conditioning systems, and these use more water. Most of the smaller refrigeration systems are, or can be, air-cooled, but they function more efficiently if 100 per cent water is used for cooling. The average requirement is about 3 gallons per minute per ton of refrigeration, a sizable quantity of water that should be reclaimed if possible.

Chilled water systems for drinking water, including both central systems and individual units, use about 0.2 of a gallon per bed per hour.—L.M.

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the effect they may have on taste of food or odor of material, as in the steamers in the kitchens where vegetables are cooked by direct contact with steam under pressure, and in dressing sterilizers and formula sterilizers.

The treatment of the boiler water or steam should take into consideration the condition of the condensate being returned, as this plays an important part in the amount and kind of treatment required. In the average hospital where steam is used also for prime movers, the amount of makeup is approximately 6 per cent of total water for the boiler. This will vary according to the type of equipment used and whether an electric generating plant is involved. When you consider the average amount of water required for the boilers is approximately 135,000 gallons per bed per year, the amount of makeup water is important, so far as both usage and the amount of feed water treatment required are concerned.

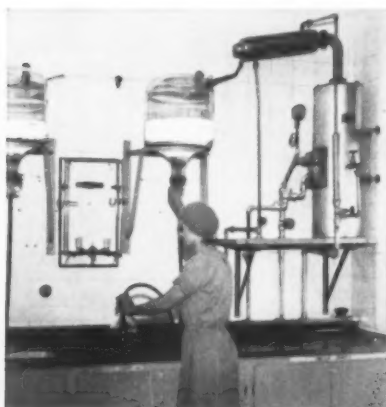
In regard to the domestic water system for the hospital, it may be necessary to add treatment to the domestic hot water tanks for the prime purpose of eliminating any dissolved oxygen

that may be found in the water. As has been mentioned, when water is raised above 150°F., the calcium and magnesium salts, as well as other scale-forming impurities, will begin to precipitate out as sludge. Also, as the temperature rises, any entrained oxygen will also come out of solution in the form of a gas. This sludge, as well as the excess oxygen, can cause trouble within the hot water heaters. Each heater should be vented to relieve these gases.

To eliminate this problem to a great extent, it is recommended that the temperature of the domestic hot water be carried not in excess of 140°F. and that circulating pumps be installed. However, if it is found that pitting is taking place within the heater, it is recommended that treatment be added to the water supplying this tank in the amount necessary to absorb the oxygen, as well as to aid in forming a sludge which can be easily removed through the drain line of the heater. Tannins could be used for this purpose, as can sodium sulfite, which is sometimes applied to remove oxygen. If a zeolite water softener is used for the domestic hot water system, it is quite necessary to consider adding

treatment, as this water does contain excess oxygen and carbon dioxide. Hot water heaters should be taken out of service periodically for cleaning and checking of corrosion.

As for the water supplied to the laundry, it is recommended that this water be softened with zeolite, primarily because of the savings that can be made in the use of washing supplies. For good laundry washing operation, the hot water temperature should be at least 180°F. which, as mentioned previously, can cause corrosion and precipitation of the impurities that may still remain in the softened water. Usually the water supplied for the laundry is taken directly from the city water supply and is, therefore, independent of the rest of the hospital. Because of the quantity of hot water used (from 75 to 100 gallons per minute, dependent upon softener capacity), it is questionable whether treatment other than the zeolite water softener is advisable. If the laundry water supply is taken from the main hospital water supply, it is necessary to be sure that when the laundry is in service it will not rob the rest of the hospital of water at periodic intervals. Also, a booster



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heater should be installed to supply 180° F. water for the laundry only.

Insofar as the water for drinking is concerned, there should be little necessity for treating it, as the impurities should not cause any trouble. However, any water used for the refrigeration machine should be made a part of the water supplied by the cooling tower to minimize the usage of water for this purpose. Treatment of this water will be discussed in connection with central air conditioning systems.

If the hospital has a hot water heating system, treatment for this water also should be considered in order to maintain a neutral pH or slightly alkaline condition. In addition, if the water in the heat exchangers is maintained at 180° F. to 200° F., it should be necessary to add treatment for the excess oxygen, as well as for the impurities which will be precipitated out. It also is necessary to have air vents at the top of the riser mains in order to relieve any accumulation of air, primarily in the form of free oxygen resulting from the high temperatures. Proper treatment in the system when first filled and put into service should suffice for the entire year to keep corrosion to a minimum, as well as to

reduce the sludge to a minimum. It is not recommended to drain the heating system yearly unless, of course, it is necessary to make repairs. However, the water should be analyzed to determine that there is adequate treatment to take care of excess oxygen and other impurities. Means should be provided for blowing down the system, as well as the heaters, of accumulated sludge.

AIR CONDITIONING A PROBLEM

The other water system in the hospital that today presents a serious problem is that for air conditioning. Corrosion and deposits will form on the water side of recirculating cooling towers. Wood cooling towers are the commonest because it is felt that they will withstand the effects of water and weather better than metal will. However, these wood towers can fail as a result of delignification or fungus attack. Algae growths on various areas of the cooling towers are common during the warm months; therefore, it is necessary to treat the water going into the cooling tower in order to kill the algae growth, as well as to reduce the scaling and corrosive effect of the water itself.

The growth of algae is depend-

ent upon the quality of water supplied to the system. Treatment of water should be watched even more carefully where all metal cooling towers are used. Adequate treatment for this water also will help prevent any corrosion of the pipes and condensers that are a part of this system. The type of treatment to be used must be determined by the type of algae growth, because there is no single chemical that will kill any and all growths. Amines have a high killing power, but care must be used in the quantity because they are good foaming agents. Sodium pentachlorophenate also can be used where necessary. However, as mentioned before, analysis of the water, as well as the algae growth, should be made to determine the type and quantity of treatment necessary.

In the humidification system of the air conditioning unit, it is necessary to treat the water to prevent algae growth and corrosion within the air-handling equipment. This can be serious, because odors may develop from the algae growth that will be carried into the space being air conditioned. In both cases provision should be made for blowing down any sludge that may accumulate during the op-

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Cross County Hospital Yonkers, New York	St. Margaret's Hospital Montgomery, Alabama
Barr Hospital Ukiah, California	Notre Dame Hospital Lynch, Kentucky
St. Agnes' Hospital Fond Du Lac, Wisconsin	Lockport City Hospital Lockport, New York
Winter Haven Hospital Winter Haven, Florida	Holy Cross Hospital Salt Lake City, Utah
Bedford Health Center Brooklyn, New York	Crossett Health Center Crossett, Arkansas
Girard General Hospital Girard, Kansas	Union Health Center New York, N. Y.
Chester Hospital Chester, Pa.	State Home Hospital Coldwater, Michigan
Arab Hospital Arab, Alabama	Scott County Hospital Oneida, Tennessee
St. Francis Hospital Milwaukee, Wisconsin	Orange County Hospital Orange, Texas
St. Joseph's Hospital London, Ontario, Canada	General Hospital Valdez, Alaska
Lakewood Hospital Morgan City, Louisiana	General Hospital Annapolis, Maryland
Dixie Hospital Hampton, Virginia	Ayden Clinic Ayden, North Carolina
N. E. Baptist Hospital Boston, Mass.	Liberty Co. Hospital Chester, Montana
Calais Regional Hospital Calais, Maine	Blue Hill Hospital Blue Hill, Maine
St. Elizabeth Hospital Utica, New York	Alexandria Hospital Alexandria, Virginia
Greenwood Co. Hospital Eureka, Kansas	Mayview State Hospital Mayview, Pa.
Hart Co. Med. Center Hartwell, Georgia	Ill. Central Hospital Chicago, Illinois

erating season and, of course, a thorough check should be made where possible during the off-season. Control of the pH by the addition of an acid or an alkali is the usual process to prevent excess deposits of calcium carbonate. Also, inhibitors such as the polyphosphates or chromates, or both, can be added to prevent corrosion of the pipes and condensers. However,

the feed-water treatment manufacturer or consultant should determine what and how much treatment is required.

The cost of the equipment and piping necessary to supply the various water systems, plus the equipment necessary to convert water to the many uses of the hospital, may be as high as 15 to 20 per cent of the total cost of the entire physical plant. The nor-

mal life of this equipment should be at least 20 to 25 years, but improper treatment of the water alone can cause failures within three to five years. When these factors are considered, the hospital cannot afford to ignore the services of reputable feed-water treatment consultants or companies in maintaining efficient operation of all this equipment.

Water System Responds to Good Treatment

How modern water conditioning technics save water, soap, fabrics and boiler equipment

PAUL X. ELBOW and JOHN VLAZ

BEFORE installing a new water treating plant at Borgess Hospital, Kalamazoo, Mich., we were dependent upon old double unit water softener equipment which, when installed in 1927, had a capacity of 25,000 gallons between regenerations. Through the years the ability of this equipment to deliver soft water had become wholly inadequate. This was the result of a gradual loss of water softening capacity from the water softening mineral inside the equipment, deterioration of the equipment itself, and increased soft water demands because of hospital expansion. The new water softener equipment we have installed meets our soft water requirements adequately.

66,000 GALLONS PER TANK

The new softener equipment, which also is a 72 by 60 inch double unit of approximately the same size as the old unit, delivers 66,000 gallons per tank, or two and one-half times more water than the old equipment. Each of the old units delivered 141 gallons of water per minute. The new units are designed for an operating rate of 226 gallons per minute each (which

Mr. Elbow is former assistant administrator, and Mr. Vlaz is superintendent of plant maintenance, Borgess Hospital, Kalamazoo, Mich. Since this article was prepared, Mr. Elbow has assumed the position of associate administrator of St. Mary-Corwin Hospital, Pueblo, Colo.

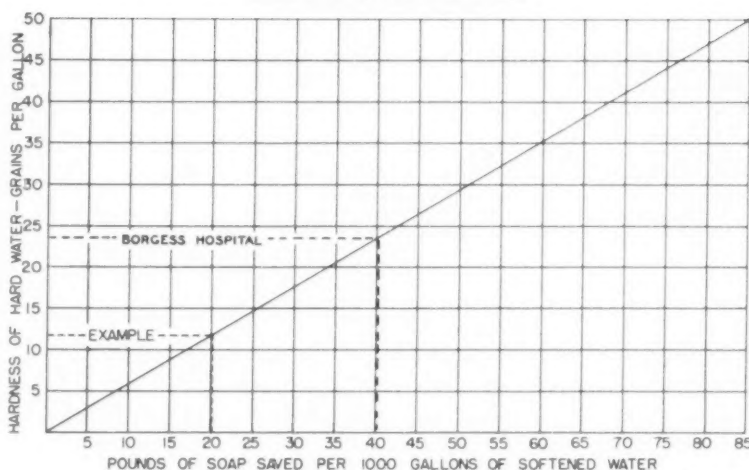
allows for peak demands as high as 452 gallons per minute) or an increase in permissible flow rate of more than 60 per cent.

Many savings have resulted from use of this equipment. We now have a much lower salt consumption for regenerating. Our old softeners required about 300 pounds of salt per day to regenerate them, but the new softeners require only 100 pounds per day. This provides the following savings:

SALT SAVINGS	
300 lbs. of salt	
@ \$15.50 a ton =	\$4.65
100 lbs. of salt	
@ \$15.50 a ton =	\$1.55
Daily saving	\$3.10
Annual saving	\$1116.00

In our laundry we formerly noted the usual indications of hard water, i.e. curd on the wash wheels and on linens, calcium and magnesium hardness deposits which built up as lime

SOAP SAVINGS CHART



Chart, courtesy of Elgin Softener Corporation



"What a Comfort"
SAYS THE PATIENT

"What a Blessing"
SAYS THE NURSE

"What a Saving"
SAYS THE ADMINISTRATOR

"That's right! Saves me hundreds of miles of walking and untold hours of time!"

ADMINISTRATORS AGREE that Standard-Royal's audible-visible, 2-way system is the most efficient and effective. It conserves the valuable time and energy of nurses. Instead of being errand girls they *now* concentrate on the important tasks for which they have so carefully trained.



WITH
Royalmatic
NURSE SAVER
YOU CAN TALK
WITH YOUR NURSE
ANYTIME!



STANDARD'S ROYALMATIC Nurse Calling System lets the patient talk or listen to her nurse at any time. No one-way, awkward signalling. No nervous fretting while waiting for someone to come and find out what she needs. *Now* patient and nurse can keep in touch at *all* times!

For new hospitals and additional buildings or for improving present operations there is a combination of Standard-Royal Hospital Signalling Equipment to meet your requirements. Our trained and experienced representatives will be glad to advise with you and demonstrate the Standard-Royal System.

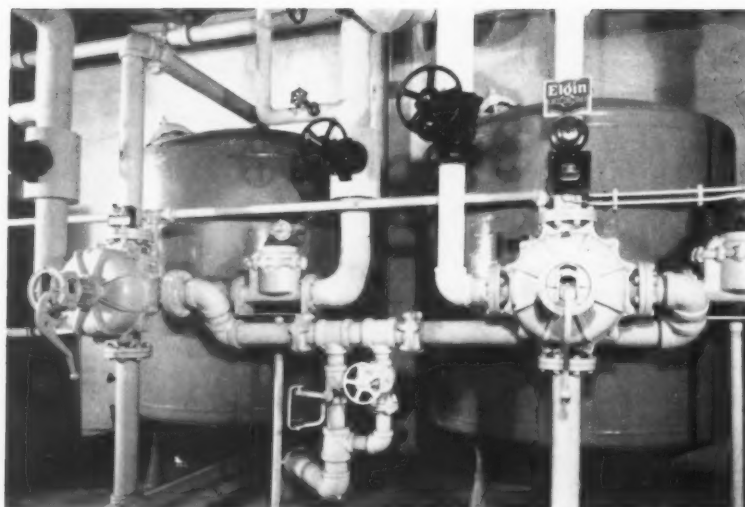
ADMINISTRATORS, ARCHITECTS, SUPERINTENDENTS, NURSES

Write for Publication 242. It tells you in detail about Standard-Royal Hospital Signalling Equipment.

The STANDARD ELECTRIC TIME COMPANY
69 Logan Street, Springfield 2, Mass.

Since 1884





Double unit softener supplies soft water for laundry and general use. It also delivers soft water to the dealkalizer which supplies softened-dealkalized water for boiler feed. Small tank at left is brine measurer which provides the salt solution used to regenerate water softener equipment.



This dealkalizer eliminates the alkalinity which formerly was responsible for corrosion of the return condensate line and the boiler equipment.

and scale deposits in the water lines, and excess use of soap, alkali, phosphate, bleach, rinsing aids, starch and sour. The soap curds discolored and weakened fabrics so that linen replacement costs began to mount. Extra maintenance was required to keep wash-room equipment and piping clean. The following figures covering soap usage in the laundry alone show the savings made possible with completely softened water.

SOAP SAVINGS

Old softeners:	
750 lbs. of soap	
@ 12 ³ / ₄ c a lb. =	\$95.63
New softeners:	
280 lbs. of soap	
@ 12 ³ / ₄ c a lb. =	\$35.70
Savings each two weeks	\$59.93
Annual savings	\$1558.18

Similarly, savings in soap cost have been made in our dietary department, where soft water is now used in the dishwashing and glasswashing machines. Glasses, dishes and flatware no longer are covered with a dull film. Our coffee urns formerly required checkups every six months to remove deposits from coils and throughout the equipment. Sterilizers, stills and ice machines required similar maintenance. Now this maintenance can be reduced to a regular, quick, preventive maintenance check. Man-hours of labor saved means considerable money savings. Our coffee has a much better flavor, and we are sure the taste of other foods has improved, although it

is difficult to confirm these improvements in quality and palatability.

Our housekeeping department has experienced a marked decrease in soap usage. Window and mirror cleaning is easier. Scrubbing of floors, walls and ceilings is also easier and faster. Surgical instruments are now shining and clean looking in contrast to their previous dull appearance caused by hard water mineral and scale deposits on their surfaces. Throughout our nursing department, employees have noted the easier formation of soapsuds and the better care of patients' skin in the bathing process with soft water.

The modernization program at Borgess Hospital also included new boiler equipment, to which feed water is supplied by the new water treating facilities. Whereas we formerly fed soft water to the old boilers, the water fed to the new boilers is both softened and dealkalized. The soft water produced by the zeolite softener equipment is free from lime and scale forming elements since these are removed by the water softener equipment. The softened water is in turn passed through a dealkalizer. This water conditioning unit eliminates objectionable alkalinity (carbonates and bicarbonates), which formerly were responsible for corrosion of the return condensate lines and the boiler equipment itself.

A word is in order here with regard to the corrosion problem. Water with an excessive alkalinity content breaks down under boiler heat to produce high

quantities of carbon dioxide which, when carried into the steam, forms corrosive acid condensate. Such acid content attacks return line piping, sometimes causing it to deteriorate and fail, necessitating costly replacements. Corrosive damage to boiler equipment also results. With softened-dealkalized water this is prevented and, at the same time, boilers and lines are kept free of lime and scale deposits. With our boilers kept clean and free from scale and lime, they are not as overworked as were the old ones, and our fuel costs have been cut. Since high alkalinity, which is one of the major causes of foaming, priming and carryover in boilers, is eliminated by the dealkalizer, this equipment has paid us additional dividends on this score. Furthermore, with softened-dealkalized water, boiler blow-downs have been reduced from nine to three daily. This has meant a considerable saving not only in treated boiler water, but in fuel costs as well. Just as lime and scale deposits have been prevented in the boiler plant through the use of softened water, so too have such troublesome deposits been prevented throughout the entire hot water system.

A unique feature of the dealkalizer is that it is regenerated with salt in the same manner as the water softener. Alkalinity is removed as effectively with this equipment as was formerly accomplished by feeding acid to the water or with acid regenerated units.

(Continued on Page 140)

Find out how beautiful your floors can really be...how much
ADVANCE floor maintenance equipment will save for you...



FREE 30 DAY TRIAL in your own building!

For as little as 10¢ a day, you can own ADVANCE floor maintenance equipment that will give you faster, lower cost floor care—save you hundreds of dollars in labor costs every year. The amount this equipment can save for you depends on the size of the floor area to be maintained and on the quality standards that you have established.

The broad ADVANCE line includes floor machines and vacuums of every size and every price—as low as \$159.00. ADVANCE, with more than a quarter century of experience, produces rugged, easy-operating machines for every job, that will give you years of economical, trouble-free service.

Why not prove to yourself why ADVANCE floor machines and vacuums perform better—operate easier—will save you *more*. Most ADVANCE distributors are now offering a plan for you to test this equipment free for 30 days in your own building. If, after using it for 30 days, you're not 100% satisfied with the improved appearance of your floors, and with the cost reduction and labor saving—return the equipment and it costs you *nothing*! Call your nearest ADVANCE distributor or mail this coupon today.



Get full details—
mail coupon today!

ADVANCE FLOOR MACHINE CO.
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Advance Floor Machine Co.

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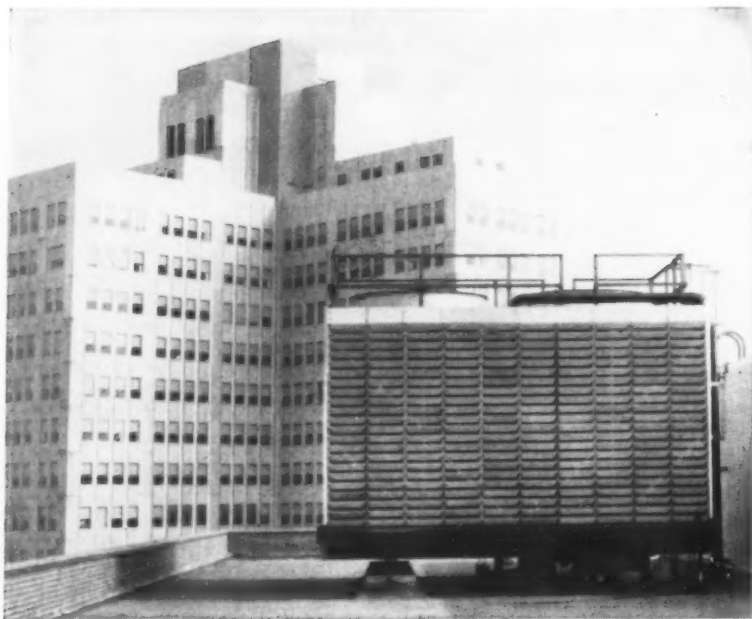
Please send literature on ADVANCE floor machines and vacs and details about the 30-day free trial offer.

Name _____

Title _____

Company _____

Address _____



Hospitals are squeezing water
out of their air conditioning budgets with...

MARLEY Double-Flow Aquatowers*

Throughout the country, careful analysis of cooling tower amortization and upkeep costs in hospitals of 50-500 rooms proves that nothing cools water as economically as a Marley Double-Flow Aquatower. That's why the majority of hospitals that are adding intermediate capacity cooling towers for air conditioning and refrigeration services are selecting this tower that is highest in performance, lowest in silhouette.

Only the Double-Flow Aquatower brings the benefit of Marley industrial cross-flow cooling to intermediate capacity services—without shortcuts. Such big tower features as open distribution, heavy duty mechanical equipment, close-packed filling, efficient drift eliminators and ample fan cylinders are your guarantee of longer service life and more economical day-to-day operation. Maintenance is simple and non-technical—requires a minimum of attention and upkeep by the hospital engineers.

If you are looking for ways to cut present—and future—operating costs, you couldn't find a better one than installing a Double-Flow Aquatower. Write us today for more information, or call your Marley Engineering Sales Office in any of 55 cities.

*Trademark Reg.

*U. S. Pat. No. 2776121

The Marley Company
Kansas City, Missouri



The difficulties of acid handling thus never need to become a problem in our boiler plant.

Prior to putting in our new water treating plant, we fed 7 pounds of boiler treating compound daily to our boilers in an attempt to minimize scale formation and to keep the pH on the alkaline side. Even so, we did not eliminate our scale and corrosion troubles. The new water treating setup has reduced our requirements to the point where only 1½ pounds of caustic soda and an equivalent amount of post-treatment daily are required to maintain the boiler water in correct chemical balance. (Post-treatment is a term used to denote the small quantity of treatment customarily applied to boiler feed water following water treating equipment. It is used to guard against traces of hardness leakage and to prevent corrosion within the boiler proper.)

SAVINGS IN WATER TREATING CHEMICALS

7 lbs. boiler treating compound @ 26.5c =	\$1.86
1½ lbs. post treatment @ 26.5c lb. =	\$0.40
1½ lbs. caustic soda @ \$8.32 cwt. =	\$0.13
	0.53

Daily savings \$1.33
Annual savings \$485.45

While the actual dollar savings in soap, salt and water treating chemical costs have been cited, other savings on which cost figures are not available would bring the total to an even more impressive figure. For example, with the gentler action of soft water on linens, replacement costs have been cut. Cost of soaps and cleaners used in dishwashing and for cleaning floors shows a substantial decrease. With equipment and piping kept clean and free from lime and scale deposits, maintenance and repair costs are going down. Every employee using soft water in connection with his work is getting the job done easier, quicker and better. As every hospital executive knows, this improves morale.

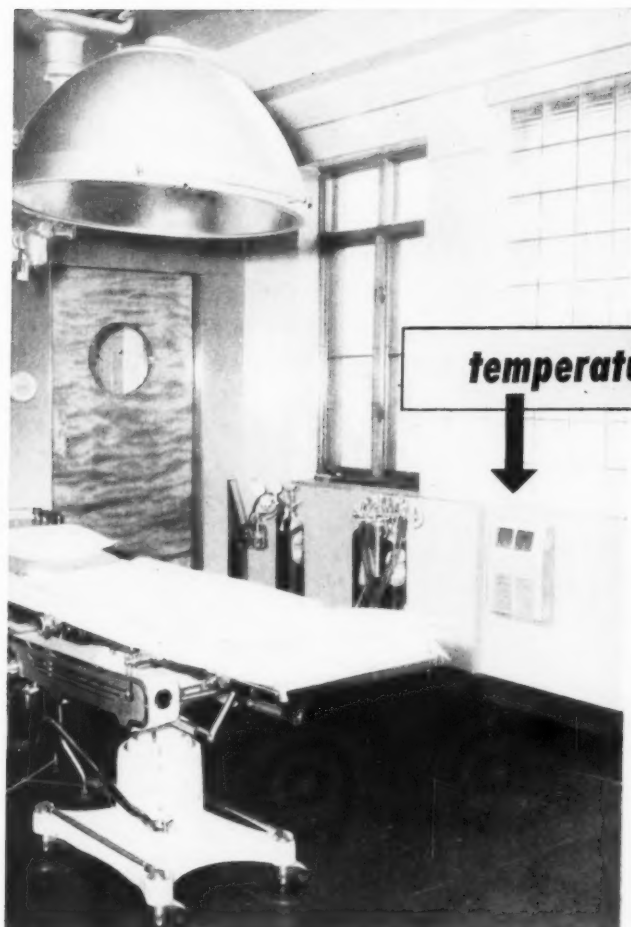
The new water treating equipment is expected to pay for itself in about three years. To realize investment dividends equal to those we will derive yearly from this equipment would require an endowment of \$100,000 at better than 3 per cent interest—and this from an equipment investment of approximately \$10,000. With a minimum operating expectancy of 20 years, this equipment will pay substantial dividends.

FOR HOSPITALS

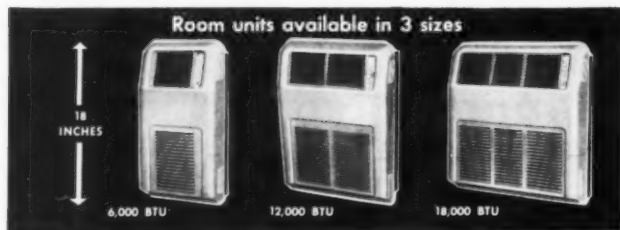
temperature control in every room



Iron Fireman SelecTemp Heating
is a unique, revolutionary system
that combines unusual economy
with automatic temperature control
in each individual room



Massillon City Hospital, Massillon, Ohio. SelecTemp heating unit is shown in one of the Massillon City Hospital operating rooms, above. SelecTemp advantages pointed out by hospital officials are: (1) automatic temperature control in each individual room permits heating of each room to fit the needs of the patients. (2) units have non-electric fans and thermostats, a special advantage in rooms where sparks are dangerous.



Circulated, filtered warm air, heated by steam. SelecTemp is a revolutionary application of steam heat. The small, compact heating units are recessed in the wall, requiring no floor space. Each unit contains a thermostat, air filter, heat exchanger, and air circulating fan. The same steam that heats the air drives the

circulating fan. The high capacity and efficiency of room heating units, due to forced circulation of air through heat exchangers, make the space-saving, small SelecTemp room units possible. The 18,000 Btu unit (above) for example, weighs only 22 pounds, is set in a wall opening 17" x 15 1/2", and can deliver as much heat as 75 feet of standing steam radiation.

IRON FIREMAN®
SelecTemp®
HEATING



**EVERY
ROOM
A ZONE**

IRON FIREMAN MANUFACTURING COMPANY
3411 West 106th Street, Cleveland, Ohio

(In Canada: Write to 80 Ward Street, Toronto)

- ☐ Please send free literature describing SelecTemp heating.
- ☐ Please arrange for brief demonstration, in our own office, of SelecTemp unit in actual operation.

Name _____
Institution _____
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A Training Program for Housekeepers

3. Planning Schedules and Distributing Work Load

BARBARA D. MILLS

THE greater the housekeeper's influence the greater her responsibility and one of her responsibilities is improving human relations, building character, and maintaining a high morale. Knowledge of status and the possibility of achieving higher status is a terrific stimulus toward the development of *outstanding personnel*, i.e. leaders with new creativeness, attitudes and ideals. Spirit is greatly needed in this housekeeping profession—the kind of spirit that initiates action for improvement by challenging people to strive toward the highest rung of the ladder.

You know, there was a time when we executive housekeepers spent 90 per cent of our time worrying about getting the job done and 10 per cent of our time worrying about our status. Our chief concern was getting the job done. After World War II we moved into another era, wherein 50 per cent of our time was spent building our ego and the other 50 per cent was spent on learning the technical aspects of our job. Today we are starting to explore the present era and we spend one-third of our time on technics, one-third on status, and one-third studying the science of administration.

These scientific times have made us take time to think and realize with new awareness what can be accomplished by the application of the principles of administration. Remember, you may have a reservoir full of knowledge but the trick is to get the supply piped to the people.

This is the third lecture in the series given by Barbara Mills director of housekeeping services, St. Luke's Hospital, Chicago, to her housekeeping trainees. In this one she presents, step by step, her procedure for establishing daily work schedules and distributing the work load. In all her lectures, Mrs. Mills refers back to the organization chart of the housekeeping department which was presented in the April issue. This chart she considers the keystone of the housekeeping structure and the tangible expression of the housekeeper's authority as well as her responsibility for developing the skills of her co-workers to supplement her own efforts.—ED.

I should like to say here that many portions of the book work given in these training classes are certainly not my own ideas. They are tools, methods and guides which I am passing on to you, for practical application, from my own training and education.

I hope some day to find a new word to describe the possibilities of housekeeping. This new housekeeping era is most exciting, with every opportunity to establish the highest possible standards and to promote the welfare of people through the development of good human relations. Human relations means meeting the human needs—not "soup, soap and salvation." You can't help a man to benefit his soul if he still wears a dirty shirt and is hungry.

In order that we may meet these challenges more efficiently in these classes, we are going to learn the art of using our brains instead of our reflexes—to think straight. In this pro-

fession, there are no half measures. Think straight; think big, and you will find yourself capable of walking in large and liberal places. That "*gold mind*" between your ears can change pennies to dollars for yourself as well as for your administrator.

Many factors enter into the successful and efficient utilization of personnel. There has to be some sort of yardstick to guide you in establishing a pattern for the distribution of the work load. One method of establishing a pattern is by giving a capable co-worker a "task sheet" on which she can systematically list her activities, and the time involved in performing them, for the entire day. From this task list it is possible to learn how long it takes a given employee to accomplish one task in a given area and you can thus determine the work load one individual can be expected to handle in a working day.

We will discuss this type of study

"Little things affect peoples
attitude toward you"



FORT HOWARD PAPER TOWELS

dry more hands dryer

...because of more drying power

All kinds of hands . . . in factories, offices, institutions, schools. Big, dripping hands that really test a towel. Small, delicate hands that need a gentle touch. All hands are dried better . . . more economically . . . with the greater drying power of Fort Howard Towels.

Fort Howard Towels soak up a lot of water—one towel usually does the job—because Controlled Wet Strength keeps wet towels strong, firm, soft.

Stabilized Absorbency helps keep this drying power as they age. And because they're Acid Free, they're gentle on hands.

That's why you'll be glad you have one of Fort Howard's 27 grades and folds in your washroom. Remember—Fort Howard Towels can fill any cabinet at any price. For more information and samples—call your Fort Howard distributor salesman or write Fort Howard Paper Company, Green Bay, Wis.



Fort Howard Paper Company

Green Bay, Wisconsin

"America's most complete line of paper towels, tissues and napkins"

©Fort Howard Paper Company

BASIC OUTLINE PROCEDURES FOR STAFFING SCHEDULES

I—Regular Personnel

Work week begins on Monday and ends on Sunday.

1. Symbols for work performance
 - A. Work—"W"
 - B. Day off—"D.O."
 - C. Holiday—"H" in red. Indicate by a number beside the letter which holiday you are giving H¹, H², and so on (try to give within following pay period).
2. Five-day week. Forty hours.
3. Responsible for same area all week—affords security and incentive.
4. Working on Sunday—give two D.O. together during the week.
5. D.O. on Sunday—one D.O. during week. Alternate or rotate Sundays off.
6. Try to plan more than one or two working days between D.O.
7. Maximum of working days between D.O. is five days.
8. Monday and Saturday all regulars should be working. Before and after skeleton working crews.
9. Work load is doubled only on Sundays and holidays.
10. When and where the "Team Aspect" is used, always try

*NOTE: If you find it advisable to issue Saturday as a D.O. it should be within the specialty areas. These areas are set apart from patient floors and therefore special handling would not appear unfair to the majority. This, of course, is always commendable when an odd day occurs and your budget is not sufficient to permit additional personnel.

and have one of the regular staff working in the area with relief personnel.

II—Regular Relief Personnel

Relief is one of the most difficult positions; personnel must be flexible, emotionally stable and well trained.

1. Always try and give D.O. Sunday and Monday (our week end).
 2. Responsible for same area all week without moving from place to place; this affords security and incentive.
 3. Work load doubled only on holidays or when occasions occur resulting from holiday coverage.
 4. Where there is no assigned area to cover, personnel does extra (X) work which will be spelled out on these days.
- Alternating—Every other time (2 people)
Rotating—Move in turn (3 or more people)

If these procedures do not work out, you have committed an error in the application.

There are so many wrong ways to do schedules that I feel the chances are against your discovering the right way without some guidance. To say that by following these procedures you develop the only right schedules would mean that everyone using them would have to be trained to think alike concerning human relations—show the same consideration for their personnel—and that would be a losing fight with many leaders in this particular profession. My theory that good human relations is the answer to most problems is, as you can see, made manifest in the procedures.

ST. LUKE'S HOSPITAL • CHICAGO

METHODS IMPROVEMENT PROGRAM

TASK LIST

Project

Page No. 1 of 1 Pages

Name Louella Rinow

Department NR Scheduled Work Week

Classification Scrubber

Location M 6th Floor

Tour of Duty

Ave. O. T.

OBSERVATION ☐ By Alvin Scott

Date September 22, 1956

Comments

TASK No.	TASKS	Estimated Hrs. Per Week
NO#1	8:15 AM Setting up equipment 3 min. 35 sec.	
NO#2	8:19 AM Clean toilet seats and mop floor in Men's Bathrooms 11 min. 17 sec.	
	8:32 AM Mop bathroom floor room 636. 10 min. 24 sec.	
	8:45 AM Mop East service room 609 4 min. 48 sec.	
	8:49 AM Mop East service room 608 3 min. 43 sec.	
	8:55 AM Mop West service room 608 10 min.	
	9:06 AM Change scrub water nurse mop 3 min. 32 sec.	
	9:12 AM Mop room 601 5 min. 26 sec.	
	9:20 AM Mop room 604 2 min. 27 sec.	
	9:25 AM Mop room 607 6 min.	
	9:35 AM Mop nurse restroom and lavatory 4 min. 9 sec.	
	9:40 AM Mop nurse office and corridor 4 min. 24 sec.	
	9:50 AM Mop room 606 3 min. 47 sec.	
	10:00 AM Coffee Break	
	10:26 Set up Clean scrub water nurse mop 2 min. 36 sec.	
	10:30 Mop room 611 14 min. 8 sec.	
	10:51 Mop room 612 6 min. 29 sec.	
	11:45 Lunch	
	12:30 PM Set up Clean scrub water nurse mop 1 min. 50 sec.	
	12:40 PM Mop lounge and Aides Chest 21 min. 19 sec.	
	1:00 PM Mop rooms 601, 619, 626, 628, 622, 623 9 min. 5 sec.	
	3:25 PM Mop Pantry 6 min. 6 sec.	
	3:45 PM Mop Corridor, Utility rooms, Clean equipment 40 min.	
	Pedometer Readings 5.9 Miles	

A "task list" on which the activities of an employee can be listed systematically as they are performed, with the time required to perform each one, is a useful method of determining how much work an aide can do.

more thoroughly when we come to methods improvement program which is part of your participating program. At this point I merely wanted to show that eventually you will be able to determine these requirements yourselves.

A reasonable work load for a house-keeping aide should be comparable to the following:

- 17 patient rooms (private)
- 5 auxiliary rooms
- 4 private baths
- 2 public bathrooms

However, you may be in need of coverage for entirely different types of accommodations, or jobs, and in such cases the actual number of rooms would be less but the area (square footage) would be comparable. Let's take a look at a task sheet for a scrubber. This happens to be a printed form but similar sheets can easily be set up with little, if any, effort.

There is no expense involved except that you should have a pedometer in order to compare areas accurately. If possible, it is nice to have a stopwatch; however, stopwatches are expensive and it is usually up to the individual to supply them. Even though you cannot get the seconds as accurately as they are shown here, the time shown on a large pocket watch or a wrist watch should be quite an accurate guide.

Let us analyze these procedures. First we will spell out the items listed under

For quality without compromise . . .



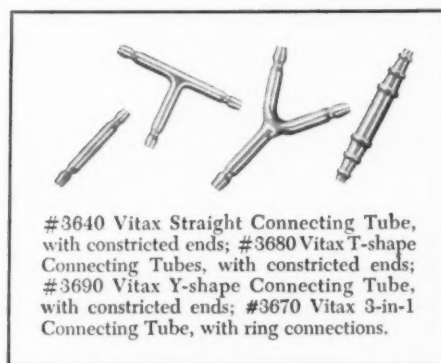
VITAX Connecting Tubes

...for extra safety, extra savings...

Every piece of VITAX hospital glassware is made of extra-strength, resistant glass.

VITAX glassware will never discolor or cloud after repeated sterilization . . . withstands corrosive action indefinitely.

The VITAX trademark appears on every piece of VITAX glassware. Look for it. It is your assurance that you are getting the best in surgical glass. Specify VITAX and be sure of getting safety you can trust . . . plus greater economy. Consult your hospital supply house now.



#3640 Vitax Straight Connecting Tube, with constricted ends; #3680 Vitax T-shape Connecting Tubes, with constricted ends; #3690 Vitax Y-shape Connecting Tube, with constricted ends; #3670 Vitax 3-in-1 Connecting Tube, with ring connections.

GLASCO

PRODUCTS COMPANY

111 North Canal St., Chicago 6, Illinois

SCHEDULE 1—PRIVATE AND SEMIPRIVATE

Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Remarks
AIDE 4-PEGGY LITTLE	WORK ⁸	WORK	WORK	¹ D. O. ⁴	¹ D. O. ⁴	WORK ⁸	⁹ 3-4 ⁴	
AIDE 3-MARY JONES	WORK ⁸	¹ D. O. ⁵	WORK	WORK	WORK	WORK ⁸	D. O. ⁵	H ¹ on Wednesday (date)
AIDE 2-Alice KELLY	WORK ⁸	² D. O. ⁵	WORK	WORK	WORK	WORK ⁸	D. O. ⁵	
AIDE 1-DOROTHY MARKS	WORK ⁸	WORK	WORK	² D. O. ⁴	² D. O. ⁴	WORK ⁸	⁹ 1-2 ⁴	
AIDE-LOBBY L-HELEN RICE	WORK ⁸	WORK	¹ D. O. ⁵	WORK	WORK	WORK ⁸	D. O. ⁵	
STAIR & GENERAL AIDE ROBERTA SANDS	WORK ⁸	WORK	WORK	WORK	D. O. ⁴	D. O. ⁴	WORK ⁴	
RELIEF JEAN WRIGHT	1 D. O. ^{R1}	3d FI WORK	Lobby WORK	4th FI WORK	4th FI WORK	Extra R3 WORK	D. O. ^{R1}	Sat. cover stair aide
LOIS RAY	2 D. O. ^{R1}	2d FI WORK	Extra R3 WORK	1st FI WORK	1st FI WORK	Extra R3 WORK	D. O. ^{R1}	3d floor Wednesday (date)

How the schedules for aides (alternate schedules are used to minimize confusion) will look when they are completed.

Double rules indicate that two floors are being scheduled at a time—starting with fourth and third and working down.

SCHEDULE 2—PRIVATE AND SEMIPRIVATE

Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Remarks
AIDE 4-PEGGY LITTLE	WORK ⁸	¹ D. O. ⁵	WORK	WORK	WORK	WORK ⁸	D. O. ⁵	
AIDE 3-MARY JONES	WORK ⁸	WORK	¹ D. O. ⁴	¹ D. O. ⁴	WORK	WORK ⁸	1-2 ⁴	
AIDE 2-Alice KELLY	WORK ⁸	WORK	² D. O. ⁴	² D. O. ⁴	WORK	WORK ⁸	3-4 ⁴	
AIDE 1-DOROTHY MARKS	WORK ⁸	² D. O. ⁵	WORK	WORK	WORK	WORK ⁸	D. O. ⁵	
AIDE-LOBBY L-HELEN RICE	WORK ⁸	WORK	WORK	Sands ⁴ D. O.	¹ D. O. ⁴	WORK ⁸	WORK ⁴	
STAIR & GENERAL AIDE ROBERTA SANDS	WORK ⁸	WORK	D. O. ⁵	Lobby WORK	WORK	WORK ⁸	D. O. ⁵	
RELIEF JEAN WRIGHT	1 D. O. ^{R1}	4th FI WORK	3d FI WORK	3d FI WORK	Lobby WORK	Extra R3 WORK	D. O. ^{R1}	Sat. cover stair aide
LOIS RAY	1 D. O. ^{R1}	1st FI WORK	2d FI WORK	2d FI WORK	Extra R3 WORK	Extra R3 WORK	D. O. ^{R1}	

NOTE: Figures in right hand of box indicate numbers in the "Basic Outline Procedures" on page 144.
Figures in left hand of box indicate relief.
Coverage on maternity cannot float or double.
Days off for float should be given so she can protect this area.
Coverage on Sunday—aide does maternity floor first.

staffing for regular personnel. The most important thing we need to know in preparing schedule outlines is how the work week begins and ends in your particular organization. The procedures which we are presenting here are written for a work week that be-

gins on Monday and ends on Sunday. If your particular institution works with a regular calendar week so much the better—it makes for a much easier staffing schedule.

Items 1, 2 and 3 on the Basic Outline Procedures establish means of

identifying daily performance, the work week and assignments. Holidays are identified with a red "H" and should carry the number of the holiday such as "H¹"—"H²," which stand for New Year's Day and Decoration Day.

Items 4, 5, 6 and 7 outline how the

The room that patients' statistics built



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*A paper delivered by
John L. Mayer, Jr.,
at an A.A.H.A. conference,
Orlando, Florida



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days off shall be given and when the work load is doubled. From Items 4 and 5 we know that Sundays off will be given on an alternating or rotating basis.

The schedule outline is made on legal size paper showing nine divisions with the top of each division marked, from left to right, as follows: name, days of the week (7 spaces) and "Remarks." Now we will start to follow the basic procedures for developing a schedule. For the sake of discussion let's take a hospital with four patient floors, in which each floor requires one person to maintain good standards of cleanliness. We are going to staff this hospital and develop a schedule whereby the service employees can establish their working habits on a week-to-week basis.

To help you "get the feel" of these operations, we will take two floors at a time, and for training purposes we will start with the top floors and work down.

STEP 1 Regular Personnel

On your schedule paper:

1. Under "Name," list four names and assign to floors (start with 4th floor).
2. Insert "D.O." following outline Nos. 4, 5, 6, 7.
3. Insert "Work" following outline Nos. 8 and 9.

STEP 2 Relief—Section 2

Relief is needed to cover these regular employees on their days off. Thinking about this, offhand, you would say you needed coverage for four days. However, Item 9 of the outline changes this to three days' "doubling of the work load on Sunday."

STEP 3 Relief—Section 2

1. Insert "D.O."
2. Insert areas they relieve regularly.

STEP 4

Now that went very easily and we are ready to take the other two floors and follow the same pattern on the first and second floors we used on the third and fourth.

STEP 5

How about relief for the first and second floors? We find our present No. 1 relief has one day open; this means we must add Relief No. 2 who will cover floors one and two. If this

is a hospital we certainly must have a lobby with a front desk, offices and public conveniences so let's add a lobby aide and give her Sunday as her day off. Here we find ourselves with no Sunday coverage for the lobby aide. If you have followed Item 2 of "Relief Procedures," it is obvious that the entire schedule is too tight to be healthy for adequate coverage throughout the house.

HOLIDAYS

To keep us honest, let's give the aide on the third floor her New Year's holiday. It would appear that the second relief has an extra day on Wednesday. That is fine for it gives the regular aide two days together as Tuesday is her regular day off. Notation should be made to this effect in the "Remarks" column after the aide's name. State when she will go and who will relieve her. The same data should be marked up after the second relief's name in the "Remarks" column. Be sure and tell your employees ahead of time when they are having additional time so that they can plan their social lives. Would you like to have several days off together and not be able to plan something to do during the time? It doesn't cost a cent to be thoughtful.

Never write on the schedule proper. Make comments on changes and coverage in the "Remarks" area in pencil and erase when the situation changes back to normal. Of course, if there is a permanent notation which cannot be noted within the schedule then it should be typed in the "Remarks" area.

Unless your hospital is so small that you can do your supervising personally, it will be necessary to use at least alternate schedules. These schedules will bear no dates and will be numbered 1 and 2, i.e. No. 1 is posted one week, No. 2 the next week, back to No. 1 for the third week, and so on.

You will find that life is much easier if you confine your scheduling to an alternating pattern. Train yourself to give written instructions. The less you say the better your leadership, no matter how small the organization. You will find that oral directions have a habit of going astray when you can least afford to have it happen.

STEP 6 Adding the Schedule 2

Before we worry about additional personnel let us join No. 2 Schedule

to No. 1 Schedule so that Monday follows directly after Sunday. In this manner we get the full picture of the situation.

Duplicate Steps 1 through 5 on this No. 2 Schedule. Here again we find relief coverage for the lobby a bit difficult unless:

1. You gave one day off on Saturday.
2. You have split coverage, which is quite alright because then two or more people know a key position.

However, the situation on No. 1 Schedule is still tight, which means that if you are to follow the procedure outline you will need additional personnel.

Of course there are many areas yet to be serviced in this hospital and to be incorporated in the schedules, such as stairs, lecture rooms and classrooms, special service areas, x-ray department, clinics, emergency rooms, and dining areas. Therefore it is feasible that we should add another person, or persons, to the schedule and these service employees should be given titles such as "Float," "Flying Squad" or "Stair and General Aide." The first two titles are given employees who have been trained in all key positions in case of emergency and then given an outline of their daily duties unless reassigned. The person with a title assigned to a specific area should also have the same training as the first two and the area should be one which does not demand attention in the event she is needed elsewhere. This type of employee is *not* a relief.

As you are probably now aware the larger the schedule the easier the application of the procedures. Schedules should not be too lengthy for, if they are, finding their names becomes most difficult for your employees. Therefore alternating schedules for a number of groups makes for easier control.

The effectiveness of this presentation will be in *your* application of the procedures for schedules through the method of practice. Perhaps it will have excited your ambition as well as created a challenge, especially for those who have preconceived ideas on staffing and who are just curious enough to see if it really works. "It's the sizzle that sells the steak—not the cow." So respond to your curiosity. Learning to control personnel through the medium of schedules is of sufficient importance to warrant many weeks of study and practice.



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Liability of Hospitals for Negligence

(Continued From Page 104)

judicial policy in distributing losses incurred by individuals through the operation of an enterprise among all who benefit by it rather than in leaving them wholly to be borne by those who sustain them. The rule of immunity itself has given way gradually but steadily through widening, though not too well or consistently reasoned, modifications. It is disintegrating. Each modification has the justification that it is a step in result, if not in reason, from the original error toward eventual correction. As more and more steps are taken, correction becomes more complete. The process is nearing the end. This leaves the steps untaken standing out as the more anomalous.

In taking this view we are not unmindful that charitable institutions perform a high service in the community. . . . They recently have faced, and still face grave problems. Purse strings no longer are loose, as they were before world wars and world-wide depressions. But individuals and business institutions face similar uncertainties. It does not recompense injured persons that the loss is inflicted by charitable institutions, nor should they alone bear it because all together face a hard future. For reasons already stated we do not believe the survival of charities will turn on whether or not they must answer for their wrongs to persons they are formed to help. There may be some added expense of operations. It may be no more than the cost of litigating these claims over and over, for the issue will not be down. Insurance must be carried to guard against liability to strangers. Adding beneficiaries cannot greatly increase the risk or the premium. This slight additional expense cannot have the consequences so frequently feared in judicial circles, but so little realized in experience. To offset the expense will be the gains of eliminating another area of what has been called "protected negligence" and the anomaly that the institutional doer of good asks exemption from responsibility for its wrong, though all others must pay. The incorporated charity should respond as do private individuals, business corporations and others, when it does good in the wrong way.

Influence of Georgetown Decision Second Only to That of Massachusetts General Which Set Pattern for Immunity

This case, as has been stated, has had profound effect upon the thinking of jurists. In fact it would appear that its influence in this respect is second only to that of *McDonald v. Massachusetts General Hospital*—the case that set the pattern for immunity.¹⁴⁷ It is significant that in all the states that have changed their thinking and now embrace the doctrine of full or complete liability—Ohio, California, Arizona, Iowa, and Kansas—such changes have come about since 1942, the date when the *Georgetown* case was decided. The effect of this decision upon those changes is apparent as one studies the cases. The influence of this decision upon the thinking of the courts in those states where the problem has recently been before the courts for the first time—Delaware, North Dakota, and Vermont—is also apparent.

It is only fair to point out, however, that this case has not

completely revolutionized the law of tort liability with respect to charitable hospitals, nor has it been universally acclaimed. Some courts have even seen fit to criticize it. In numerous cases decided since 1942 the courts have been asked to reexamine former decisions in light of modern trends and to overrule them. Such was the situation in Wisconsin in a case involving a charitable institution that was not a hospital, in 1953. While expressing the opinion that immunity was not "the answer" the court felt bound by precedent to continue to decide as it had in the past. It said:

... this court has long felt that the reasons for granting such immunity to charitable and religious organizations . . . are archaic, and, if this court were not bound by the rule of stare decisis but were passing on the question for the first time, we would accord very little weight to the historical reasons originally advanced in support of the rule of immunity. However, we feel that it is for the legislature and not this court to change the rule of immunity at this late date after its wide acceptance over the years in the prior decisions of this court.¹⁴⁸

North Carolina Court Believes Changes in Doctrine of Immunity Should Be Left Up to the State Legislature

To the same general effect is a North Carolina case decided the same year.¹⁴⁹ Here, again, the court held that the doctrine of immunity for tort was so deeply implanted in the legal structure that it should not be "whittled away" or abandoned by the courts because of the need for maintaining stability in the law. It felt the matter of change should be left up to the legislature. For the courts to interfere, it was decided, would be an act of judicial legislation in the field of public policy.

With this point of view the Supreme Court of New Jersey seems to be in agreement also. It failed to adopt the rule of full liability in spite of the tendency of "our present Supreme Court . . . to recognize . . . the impractical kinks in the decisional law and to take them out where the process of so doing is not injuriously inimical to the essential safeguards of stare decisis."¹⁵⁰

It should be pointed out that this idea that the courts should not change a rule that is firmly implanted as the result of stare decisis, but should leave it to the legislature to make any necessary change, is not universally held. Numerous courts have refused to accept it, as far as its application to the rule of immunity of charitable hospitals is concerned. Illustrative of this point of view is a statement in a Washington decision. After pointing out that the rule of immunity, as accepted in the state of Washington, was originally made by the courts and not the legislature, the court said:

We closed our courtroom doors without legislative help, and we can likewise open them. It is not neces-

¹⁴⁷*McDonald v. Massachusetts General Hospital*, 120 Mass. 432 (1876).

¹⁴⁸*Smith v. Congregation of St. Rose*, 61 N.W. (2d) 896, 265 Wis. 393 (1953).

¹⁴⁹*Williams v. Randolph Hospital, Inc.*, 75 S.E. (2d) 303, 237 N.C. 387 (1953).

¹⁵⁰*Rafferteder v. Raleigh Fitkin-Paul Morgan Memorial Hospital*, 109 A. (2d) 296, 33 N.J. Super. 19 (1954).



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sary that courts be slow to exercise a judicial function simply because they have been fast to exercise a legislative one.¹⁵¹

In Kentucky, when the Court of Appeals was asked to reconsider its previous rulings on the question of immunity, it also refused to do so, not so much because of *stare decisis*, apparently, as because of a belief that the doctrine of immunity was sound.¹⁵² In a rather scathing and critical attack upon those courts that had changed the rule, it said:

We are not convinced that the modern trend is away from the well-reasoned and long-established rule that charitable institutions are not liable for torts. As we gather the reasoning in the opinions from those jurisdictions that have abandoned this well-rooted and salutary policy, it is based upon the theory that private charity has been displaced by a paternalistic government, if not a welfare state, which furnishes free charitable services to the indigent. However, there is still a school of thought in America which does not believe that private charity is a thing of the past and that all burdens of suffering humanity should be placed in the lap of government, state and federal.

A West Virginia court, also, has refused to change the rule of immunity in a case in which the hospital carried insurance.¹⁵³

How Much Protection Is Accorded an Injured Party by Insurance Policy Carried by a Charitable Hospital?

Effect of Insurance on Liability. If a charitable hospital is located in a jurisdiction where liability is the rule, its need for insurance is not questionable. If, however, the jurisdiction in which it is located follows the rule of immunity, then the need for carrying insurance is questionable. Specifically, the question is: How much protection is accorded an injured party by an insurance policy carried by a charitable hospital? A number of cases have arisen in which, in suits against hospitals for damages, the plaintiffs have asked the courts to hold the hospitals liable on the ground that, by carrying insurance, a hospital protected its trust funds from depletion and was, therefore, estopped from claiming immunity. In most of these cases, however, the courts have declared that the hospital's ownership of an insurance policy does not create liability where none existed previously, *i.e.* that the hospital cannot be made liable by carrying insurance to protect itself against a judgment.¹⁵⁴ In this connection, a West Virginia court has said: "Procurement by a charitable corporation, which conducts a charitable hospital, of insurance indemnifying it against liability to a patient does not create liability in instances in which such corporation is immune from liability."¹⁵⁵ In an earlier case, a West Virginia court, when asked to make an exception,

and hold a charitable hospital liable where it had insurance, said:

... we believe that the established precedent in this State ... should be adhered to and that to make an exception, in the case of one institution which has ... insurance and deny it in others that do not, would constitute the beginning of a descent into a quagmire of judicial confusion into which many courts have been plunged in this subject, and from which they have, with difficulty, extricated themselves, if, indeed, they have extricated themselves at all.¹⁵⁶

While it is generally held that the existence of insurance is irrelevant to the question of liability, it should be noted that in one state, where charitable hospitals are held liable for tort, a court held that while the hospital was not immune, the fact it had insurance did not impose additional liability on it.¹⁵⁷

While the general rule is that the existence of insurance does not create liability, the opposite appears to have been held in at least two states—Colorado and Illinois. In Colorado the rule is that a charitable hospital will not be held immune from liability where its "trust funds would not be jeopardized by reason of a judgment entered against it, payment of which would be limited to funds derived from indemnity insurance held by it."¹⁵⁸ In Illinois, in a case involving a charity not a hospital, the court appears to have followed the same rule.¹⁵⁹ It held that the defense of immunity from liability was not available to a charity which had insurance. The policy specifically provided that the company would not plead the charity's immunity in case of suit. The court held the charity could waive its immunity if it so desired. It pointed out, however, in unmistakable language, that the exemption from liability was not absolute but extended only to the preservation of its trust funds.

Tennessee Holds That Charitable Hospitals Cannot Escape Liability But Damages Cannot Be Paid Out of Trust Funds

Tennessee is sometimes referred to as a third state where the general rule is not followed, but there the situation is somewhat different. The courts have held charitable hospitals cannot escape liability on the ground that they are of a charitable nature—that they are not immune from liability, but that damages are not payable out of purely trust funds.¹⁶⁰ Consequently, if such hospitals are not immune, and if property other than trust funds may be used to pay damages, there is no reason for saying this state is an exception to the general rule when it permits recovery in case of insurance.¹⁶¹

Another peculiar situation exists in Louisiana. There, by statute, the injured party may sue the insurance company

¹⁵¹*Pierce v. Yakima Valley Memorial Hospital Ass'n.*, 260 P. (2d) 765 (Wash.) (1953).

¹⁵²*Forrest v. Red Cross Hospital*, 265 S.W. (2d) 80 (Ky.) (1954).

¹⁵³*Meade v. St. Francis Hospital of Charleston*, 74 S.E. (2d) 405 (W.Va.) (1953).

¹⁵⁴*Cristini v. Griffin Hospital*, 57 A. (2d) 262, 134 Conn. 282 (1948); *Mississippi Baptist Hospital v. Moore*, 126 So. 465, 156 Miss. 676 (1930); *Stedem v. Jewish Memorial Hospital Ass'n. of Kansas City*, 187 S.W. (2d) 469 (Mo.) (1945); *Dills v. St. Luke's Hospital*, 196 S.W. (2d) 615 (Mo.) (1945); *Muller v. Nebraska Methodist Hospital*, 70 N.W. (2d) 86, 160 Neb. 279 (1955); *Woods v. Overlook Hospital Ass'n.*, 69 A. (2d) 742, 6 N.J. Sup. 47 (1949); *Fisher v. Ohio Valley General Hospital Ass'n.*, 73 S.E. (2d) 667 (W.Va.) (1952); *Meade v. St. Francis Hospital of Charleston*, 74 S.E. (2d) 405 (W.Va.) (1953); *Schau v. Morgan, et al.*, 6 N.W. (2d) 212, 241 Wis. 334 (1942).

¹⁵⁵*Meade v. St. Francis Hospital of Charleston*, 74 S.E. (2d) 405 (W.Va.) (1953).

¹⁵⁶*Fisher v. Ohio Valley General Hospital Ass'n.*, 73 S.E. (2d) 667 (W.Va.) (1952).

¹⁵⁷*McLeod v. St. Thomas Hospital*, 95 S.W. (2d) 917, 170 Tenn. 423 (1936).

¹⁵⁸*O'Connor v. Boulder Colorado Sanitarium Ass'n.*, 96 P. (2d) 835, 105 Colo. 259 (1940); supporting *St. Mary's Academy of Sisters v. Solomon*, 238 P. 22, 77 Colo. 463 (1925).

¹⁵⁹*Wendt v. Servite Fathers*, 76 N.E. (2d) 342, 332 Ill. App. 618 (1947).

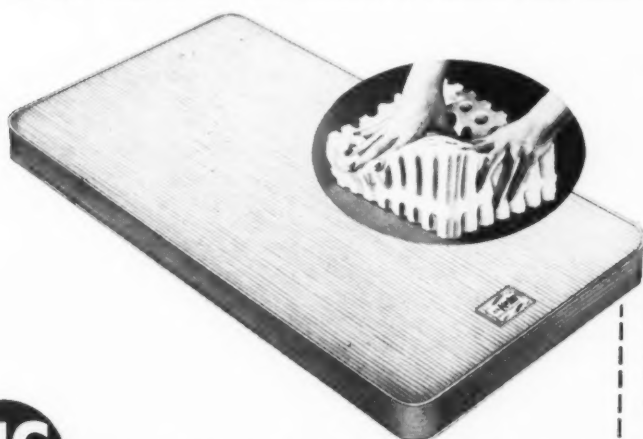
¹⁶⁰*Baptist Memorial Hospital v. Couillens*, 140 S.W. (2d) 1088, 176 Tenn. 300 (1940); *Sepaugh v. Methodist Hospital*, 202 S.W. (2d) 985 (Tenn.) (1946); *O'Quinn v. Baptist Memorial Hospital*, 201 S.W. (2d) 694 (Tenn.) (1947); *Spivey v. St. Thomas Hospital*, 211 S.W. (2d) 450 (Tenn.) (1948); *McPeak v. Vanderbilt University Hospital*, 229 S.W. (2d) 150 (Tenn.) (1950).

¹⁶¹*McLeod v. St. Thomas Hospital*, 95 S.W. (2d) 917, 170 Tenn. 423 (1936); *Edwards v. King's Mountain Memorial Hospital Ass'n.*, 118 F. Supp. 417 (1954).

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directly, in some cases, rather than the hospital.¹⁶² In Maryland, too, a still different situation exists. There a statute provides that policies covering the liability of charitable hospitals shall include a provision that the company will not plead the immunity of the hospital as a defense to an action for damages in tort. Recently, the Court of Appeals of Maryland held that this statute did not contemplate a direct action against the insurance company by the injured party.¹⁶³ In this case it was contended that, because an action will not lie against a charitable hospital for negligence in Maryland, the legislative purpose would be defeated unless the injured party were permitted to bring suit against the insurance company directly. The court pointed out that the legislature, in 1947, had declined to enact a bill that would have prevented a charitable hospital from pleading immunity as a defense to a tort action "with a limitation of liability to the amount of liability insurance carried." Instead, it enacted the present statute—the one the court was asked to interpret. The court reasoned that if the present law "were construed strictly as applicable only to a suit by the insured against the insurer, it would indeed render the statute nugatory, for if the charitable corporation is immune from suit there could never be a judgment against the insured where the defense is raised." It then added: "But it does not follow that a direct action will lie by the tort claimant against the insurer." It reconciled the conflict by saying: "We think the Legislature had in mind the fact that the insurer usually conducts the defense of the action by the tort claimant against the insured, and to the extent of the collectible insurance, and to that extent only, the insured is estopped from raising the defense of immunity."

Was Nurse or Doctor Employee of Hospital or Independent Contractor at Time Tortious Act Was Allegedly Committed?

Liability for the Negligence of Those Not Its Employees. In the case of private hospitals much litigation has centered on the question of whether a particular nurse or physician who allegedly committed a tortious act was an employee of the hospital at the time, or whether he was acting as an independent contractor. (See p. 174.) So far, only a few such cases involving charitable hospitals appear to have arisen. As more and more jurisdictions accept the rule of full liability, it is safe to assume that the number may increase. Then the principles growing out of the private hospital cases will be applicable. Those few cases that have had their origins in charitable hospitals will now be considered.

It is generally agreed that a hospital will not be held liable for torts committed by those not its employees, such as doctors and nurses employed and paid by individual patients, as well as those not working under its orders, such as a nurse who is on the staff of the hospital but who, at the time the tort was committed, was working under a doctor's orders.¹⁶⁴

In New York, however, when a doctor ordered sideboards installed on a bed and the special nurse failed to install them, the hospital was held liable for injury to the patient. In so holding, the court refused to consider the alleged negligence of the nurse but based its ruling on the ground that the installation of such boards was a part of the hospital's service, administrative in nature, for failure to perform which the hospital was liable for injury to the patient.¹⁶⁵ In Minnesota, where charitable hospitals have consistently been held liable for negligence, it has been held that a resident doctor paid by a charitable hospital is not an independent contractor but an employee of the hospital.¹⁶⁶ Likewise, in Tennessee, an intern selected and paid by a charitable hospital has been held to be its employee and not an independent contractor.¹⁶⁷

Two Decisions Regarding Autopsies Indicate New York Court Has Reversed Its Position on Hospital's Liability

Only a few cases involving the liability of charitable hospitals for the torts of those not employed by the hospital, other than doctors and nurses, have come before the courts. In one, a New York case involving the liability of a hospital for the torts of one not employed by it, it was held that a hospital was not liable when an autopsy was performed without permission by those following an independent calling and not in the employ of the hospital.¹⁶⁸ Yet, in a very similar case, decided 19 years later, the court appears to have reversed itself. It held the hospital liable, when a body was delivered to the undertaker with vital organs removed and stuffed with cotton, in spite of the hospital's claimed ignorance. It held that exemption from liability did not operate when the sufferer—the widow in this case—was not a patient.¹⁶⁹ Unlike the previous case, the court held the hospital should have known what was going on and should have taken steps to avoid such acts.

Roll Call by States. It is evident, from what has been said, that the courts are in disagreement regarding the question of the tort liability of charitable hospitals. In a few states courts hold such institutions immune from liability for tort. In a few others they hold them fully liable. Between these two extremes is to be found a sort of "twilight zone." The courts of most states follow the rule of qualified immunity or qualified liability. In these states courts hold charitable hospitals liable under certain conditions and immune under others. For example, some courts hold such hospitals immune when the injured party is a beneficiary of the hospital's charity, but liable if he is a stranger to the charity. Likewise, some courts hold that a hospital, otherwise immune from liability, is liable to the extent of insurance carried by the hospital; other courts hold that the carrying of liability insurance has no effect on the hospital's liability. Thus it is seen that, with reference to the problem under consideration, courts appear to be in a state of confusion.

To help clarify this confusion, this section will summarize the situation, as it presently exists, by calling the roll of the states and indicating the present state of the law as revealed by the latest decision or decisions of the higher courts of

¹⁶²*Lusk v. U.S. Fidelity & Guaranty Co.*, 199 So. 666 (La.) (1941).

¹⁶³*Gorman v. St. Paul Fire and Marine Insurance Co.*, 121 A. (2d) 812 (Md.) (1956).

¹⁶⁴*Ratliffe v. Wesley Hospital and Nurses' Training School*, 10 P. (2d) 859, 135 Kan. 306 (1932); *Jordan v. Toano Infirmary*, 123 So. 726 (1922); *Wallstedt v. Swedish Hospital*, 19 N.W. (2d) 426, 220 Minn. 274 (1945); *St. Paul-Mercury Indemnity Co. v. St. Joseph's Hospital*, 4 N.W. (2d) 637, 212 Minn. 558 (1942); *Hasselbach v. Mt. Sinai Hospital*, 159 N.Y.S. 376, 173 App. Div. 89 (1916); *Brown v. St. Vincent's Hospital et al.*, 226 N.Y.S. 317, 222 App. Div. 402 (1928); *Kamps v. Crown Heights Hospital*, 14 N.E. (2d) 184, 277 N.Y. 602 (1938), affirming 296 N.Y.S. 776, 251 App. Div. 849 (1937); *Canney v. Sisters of Charity of House of Providence*, 130 P. (2d) 899, 15 Wash. (2d) 325 (1942).

¹⁶⁵*Pivar v. Manhattan Gen'l. Inc.*, 104 N.Y.S. (2d) 575 (1951), affirmed 110 N.Y.S. (2d) 786, 279 App. Div. 522 (1952).

¹⁶⁶*Moeller v. Hauser*, 54 N.W. (2d) 639 (Minn.) (1952).

¹⁶⁷*Sepaugh v. Methodist Hospital*, 202 S.W. (2d) 985 (Tenn.) (1946).

¹⁶⁸*Hasselbach v. Mt. Sinai Hospital*, 159 N.Y.S. 376, 173 App. Div. 89 (1916).

¹⁶⁹*Grawunder v. Beth Israel Hospital*, 272 N.Y.S. 171, 242 App. Div. 56 (1934), affirmed 195 N.E. 221, 266 N.Y. 605 (1935).



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each state (see below). The dates upon which such conclusions are drawn are indicated in parentheses. The reader, as he peruses this summary, is warned on three counts. Regardless of our attempts to locate all pertinent cases, there is a bare possibility that some were overlooked which, had they been found, would have changed the situation as far as one or two states were concerned. This is highly improbable, however, as we had a number of checks to apply against our own efforts. These checks were recent court

decisions which attempted brief summaries of the situation as it exists. For example, one recent decision, rendered as late as July 18, 1956, covered the problem rather thoroughly, drawing its data from many states. Other cases of not quite such recent date did the same thing, with varying degrees of thoroughness. Against these decisions, we were able to check our own results.

Another warning we want to issue is that since the last decision was rendered in a particular state, the legislature

ROLL CALL BY STATES SUMMARIZING EXISTING INTERPRETATIONS

- Alabama**—A charitable hospital is liable in case of a paying patient (1915). Liable to strangers (1933).
- Alaska**—Liable to paying patient (1952). Probably liable to charitable patients and strangers.
- Arizona**—Fully liable (1951).
- Arkansas**—Immune from liability for negligence (1913). Liable for negligence in selection and retention of employees (1911).
- California**—Completely liable (1953).
- Colorado**—Not liable to stranger who is a "bare licensee" (1952). Liable to patients to extent of insurance coverage (1952). Appear to be liable under same rules applicable to private hospitals by *dictum*.
- Connecticut**—Not liable to charitable and paying patients even if it carries insurance (1948). Liable to strangers (1931). Liable for selection and retention of employees (1946).
- Delaware**—Complete liability (1951).
- Florida**—Liable to paying patients (1941).
- Georgia**—Liable to paying patients (1937) but execution can be had only against funds other than trust funds. Liable for negligence in selection and retention of employees (1927).
- Idaho**—Liable to paying patient (1956).
- Illinois**—Completely immune (1947), except liability will be assessed up to amount of insurance carried (1947).
- Indiana**—Liable to paying patients (1924). Liable for negligence in selection and retention of employees (1956).
- Iowa**—Fully liable (1950).
- Kansas**—Full liability (1954).
- Kentucky**—Liable to beneficiaries and paying patients (1954).
- Louisiana**—Liable to strangers to the charity (1941). Liable for neglect in selection and retention of employees (1925). Not liable to paying patients (1943).
- Maine**—Immune from liability for negligence (1910).
- Maryland**—Not liable for negligence (1948). Collection may be had if insurance is carried, by statute (1956).
- Massachusetts**—Fully immune (1953). No liability to paying patients (1935). No liability for negligence in selection and retention of employees (1920).
- Michigan**—Immune from liability for negligence (1948). No liability to paying patient (1931).
- Minnesota**—Complete liability (1942).
- Mississippi**—Liable to paying patient (1951). Liable for negligence in selection and retention of employees (1948). Immunity not affected by insurance (1930).
- Missouri**—Immune from liability (1946). Immunity unaffected by insurance (1945).
- Montana**—Immune to beneficiaries (1925).
- Nebraska**—Immune from liability (1955). Strangers may recover (1918); Paying patients may not (1955).
- Nevada**—One voluntarily accepting benefits of a charity cannot sue it for damages in tort (1955).
- New Hampshire**—Full liability (1940). Not liable to stranger who is a "gratuitous licensee" (1942); later held liable (1951).
- New Jersey**—Not liable to beneficiaries of charity (1954). Liable to strangers (1947). Not liable to paying patients (1946). Immunity unaffected by insurance (1949).
- New Mexico**—No litigation discovered.
- New York**—Liability for torts of employees and servants, except those growing out of the performance of professional medical acts by professionally trained employees (1956).
- North Carolina**—No liability to charitable or paying patients (1953). Liable for negligence in selection and retention of staff (1953). Liable to strangers (1929).
- North Dakota**—Full liability (1946).
- Ohio**—Full liability (1956).
- Oklahoma**—Liable to paying patients (1938).
- Oregon**—Complete immunity (1945).
- Pennsylvania**—Complete immunity (1910).
- Rhode Island**—Complete liability (1879). Immunity granted by statute about 1880.
- South Carolina**—Complete immunity (1916).
- South Dakota**—No litigation discovered.
- Tennessee**—Only immunity is to property held in trust (1948).
- Texas**—Immune from liability unless negligent in selection and retention of employees (1955). Liable to strangers (1953). No liability for paying patients (1929).
- Utah**—Liable to paying patient (1938).
- Vermont**—Full liability (1950).
- Virginia**—Immune from liability to charity and paying patients (1921). Liable to strangers (1948). Liable for negligence in selection and retention of employees (1934).
- Washington**—Liable to paying patient (1953). Liable to strangers (1940). Liable for negligence in selection and retention of employees (1943).
- West Virginia**—Immune from liability to charitable and paying patients (1953). Immunity unaffected by insurance (1953). Liable for negligence in selection and retention of employees (1953).
- Wisconsin**—Immune from liability for negligence in case of paying and charitable patients (1954). Liable for negligence in selection and retention of employees (1916). Liable for nuisance (1953). Liable under safe-place statute (1954). Insurance has no effect on immunity (1942).
- Wyoming**—Not liable to beneficiaries (1916).



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could have passed a law dealing with the subject that could have the effect of changing the situation. This material has been based upon court decisions solely, and no attempt was made to study statutory enactments, directly. Only as they were mentioned in the decisions of the courts were they given any consideration. Again, it is believed that the existence of recent statutes that would have the effect of changing the law as reflected by court decisions is highly improbable. Recent court decisions served as checks here, too. Such decisions, as they reviewed the current picture, would probably have mentioned them, had they existed.

Liability of Governmentally Operated and Controlled Hospitals

Immunity of Governmental Agencies, in General. Before considering the liability of governmentally controlled hospitals, it might be well to look at the general problem of liability for injuries resulting from negligence of a governmental unit's agents, servants and employees. It is a general principle of law that neither the federal government nor a state is liable in such cases, in the absence of a statute imposing liability. This rule of law has come down to us from the old English common law, where it was held that the king could do no wrong. In our form of government, sovereignty formerly vested in the king was vested in the federal and state governments, and the immunity which had protected the king was transferred to them.

Municipalities and Counties Are Generally Held to Be Clothed With the State's Immunity From Liability

The rule of liability with respect to other units of government—municipalities and counties—is not quite so clear as it is with respect to the federal and state units. Nevertheless, it is generally held that these units, having been created by the state, are also clothed with the state's immunity from liability. Where exceptions to this rule are noted, it will generally be found that the courts have taken the view that these municipal and quasi-municipal corporations are created for dual purposes: (1) to carry on functions of a governmental nature, and (2) to perform functions of a private or proprietary nature. Following this line of reasoning some courts have granted immunity to these local units but only when the injury complained of arose while the unit was engaged in the performance of a governmental function and *not* when it was engaged in the performance of a proprietary function. Other courts have failed to make this distinction and have granted total immunity to these governmental agencies. A few appear to have been denied immunity in practically all cases.

While governmental units are generally held to be immune from liability for the tortious acts of their agents, employees and servants, it must be remembered that the federal and state governments have the right to waive immunity, if they see fit. This is done by enactments of the legislative department of government. The federal government, as a result of the enactment of the Tort Claims Acts, has seen fit to waive its immunity in some cases and under certain conditions. Likewise, some states, primarily the state of New York, by legislation, have waived their immunity as well as that of the municipal and quasi-municipal corporations which they have created. In general, this legislation provides that governmental units will be held liable in those cases

Finally the reader is warned that this summary includes some omissions owing to the fact that certain aspects of this question have never been before the courts of particular states. For example, no case involving the question of the liability of a charitable hospital for injuries received by a stranger to the charity was uncovered in Florida. While it is believed that the courts would hold the hospital liable, inasmuch as they hold a charitable hospital liable for injuries received by a paying patient, no conclusion is drawn on this aspect of the problem. Uncertainty must prevail until the question has been before the courts.

where, if they were private corporations, they would be held liable.

Liability of Federal and State Hospitals. In light of what has been said, it appears self-evident that hospitals owned and operated by the federal government are not liable for the torts of their employees, agents or servants, except as they and/or the acts complained of come within the meaning of the provisions of the Tort Claims Act. In a comparatively recent case¹⁷⁰ an action for damages was brought when a baby was kidnapped from a federal hospital in Washington, D.C. In commenting upon the general rule of nonliability or immunity, as it relates to the federal government, and the effect of the Tort Claims Act, the court said:

It is the general rule that public charitable hospitals are not liable to patients for the negligence of their agents, even though the patients pay for the service received. . . . It is not to be implied that this hospital agreed to a greater degree of liability than the law imposed on public hospitals generally.

With further reference to the degree of care required of a hospital, under the act, it also said: "If it was without negligence, clearly there is no liability. It certainly cannot be implied that it agreed to become liable as an insurer."

As was stated, under the Tort Claims Act, federal hospitals may be held liable under certain conditions where negligence is proven.¹⁷¹ Because the statute is controlling, and because it is determinative of questions with regard to the liability of federal hospitals, a discussion of cases decided under it are omitted here.

Likewise, in the absence of any statute to the contrary, courts have consistently held that state hospitals, because they are instrumentalities of government, are also cloaked with the state's immunity from liability.¹⁷² In a Kentucky case, the court, in commenting on the liability of a state hospital, said: "The Central State Hospital is a state institution, and is not, as we have held in numerous cases,

¹⁷⁰*Washington v. U.S.*, 100 Ct. Cl. 491 (1944).

¹⁷¹*Costley v. U.S.*, 181 Fed. (2d) 723 (1950); *U.S. v. Gray*, 199 Fed. (2d) 239 (1952).

¹⁷²*White v. Alabama Insane Hospital*, 35 So. 454, 138 Ala. 479 (1903); *Olander v. Johnson*, 258 Ill. App. 89 (1930); *Dunn v. Central State Hospital*, 248 S.W. (2d) 216, 197 Ky. 807 (1923); *Ketterer's Adm'r. v. State Board of Control*, 115 S.W. 200, 131 Ky. 287 (1909); *University of Louisville v. Metcalfe*, 287 S.W. 945, 216 Ky. 339 (1926); *Messina v. Société Française De Bienfaisance et D'Assistance Mutuelle de la Nouvelle Orleans*, 170 So. 801 (La.) (1936); *Martin v. State of New York*, 105 N.Y.S. 540, 120 App. Div. 633 (1907); *Mata's Administrators v. Eastern State Hospital*, 34 S.E. 617, 97 Va. 507 (1899); *Jenkins v. Charleston General Hospital*, 110 S.E. 560, 90 W.Va. 230 (1922).

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liable for the negligent acts of its officers, agents and servants which result in injury to the person of another."¹⁷³ By way of justifying this statement, the court went on to say that the state "cannot be made liable in an action for tort, as the state can do no wrong, neither can its servants do wrong for it, or in its name, so as to make it liable in such cases."

A Virginia court, in a similar holding, to the effect that a state hospital is not liable in damages for torts, justified its decision on a somewhat different basis. It said:

The directors in this case clearly had no right to pay damages for the grievance complained of out of any funds under their control. Those funds were appropriated by the State to pay the expenses of caring for and maintaining the inmates of the hospital, and not for paying damages resulting from the negligent management of those in charge of it. If such damages were chargeable on the funds, or property under the control of the directors, their payment might prevent the accomplishment of the very object for which the money was appropriated. The taxpayers might thus become insurers against the negligence of public officials, instead of being contributors for the support and maintenance of a great public charity.¹⁷⁴

A West Virginia court followed a slightly different reason for holding state hospitals immune. It said: "In the absence of a statute expressly imposing it, the state is never liable for the negligence of its officers. Such liability would result in enormous public burdens."¹⁷⁵

While it is generally held that the liability of federal or state hospitals is not affected by the fact that the patient is not a charity but is a paying patient,¹⁷⁶ a New York case, decided before the passage of the statute waiving the state's liability, seems to imply that the courts there might have taken a different attitude toward the question had the patient been a paying patient.¹⁷⁷ New York courts seem to have taken a different attitude toward the question of the liability of governmental and charitable agencies than have the courts of most other states. As has already been stated, statutes in New York now are determinative, largely, of governmental liability.

Where the statute makes the state liable for the negligence of its agents, servants and employees, as is the case in New York, this does not mean that the state is liable in every case where a patient in a state hospital suffers injury. In the first place, the statute does not make the state the insurer of the patients.¹⁷⁸ Before the courts of

New York will hold the state liable for the torts of its hospitals' agents and employees it will require that negligence be proven; it will not be presumed. Where negligence is indicated, however, the courts will not hesitate to hold the state liable.¹⁷⁹ In no case, however, will they apply a more rigid or broadly based rule of liability to the state than to a private corporation.¹⁸⁰ In practically all of these New York cases involving state liability, it is significant that they grew out of injuries to inmates of mental hospitals. In commenting on the state's responsibility to its wards and inmates, one court has said: "The State is duty bound to furnish inmates of its hospitals for mental defectives with every reasonable precaution to protect them from injury, either self-inflicted or otherwise."¹⁸¹ Another court commented to the same effect, when it said: "It is now well established that the wards of the Empire State must have adequate care and supervision."¹⁸²

New York State Held Liable for Injuries Received by Visitor From Inmate of State Mental Institution

Not only is the state, in New York, held liable for injuries received by the inmates of its mental hospitals, but it is also held liable for injuries received by others—strangers—as the results of inmates' acts which are chargeable to the negligence of the state's agents and employees. Thus, where one visiting a relative, who was an inmate of such an institution, was injured by another inmate, the court held that the state was liable for negligence in not properly restraining the inmate.¹⁸³ It ruled that it was the duty of the state and its employees to "use such means to restrain and guard the inmates, as would seem reasonably sufficient and necessary to a prudent person under like circumstances, in order to prevent them from doing harm to others." Likewise, where an inmate who had escaped from a state hospital stabbed a woman with a butcher knife, the state was held liable due to the negligence of its employees in permitting his escape.¹⁸⁴ In yet another case, when one was murdered by a former inmate who had been discharged as recovered, by a state hospital for the criminally insane, the state was again held liable when it was shown that, because of crowded conditions, the psychiatrists did not have the time to ascertain his true mental condition, as required by accepted psychiatric practice.¹⁸⁵ Nevertheless, where psychiatrists recognize the existence of a calculated

¹⁷³*Dunn v. Central State Hospital*, 248 S.W. 216, 197 Ky. 807 (1923).

¹⁷⁴*Maid's Administrators v. Eastern State Hospital*, 34 S.E. 617, 97 Va. 507 (1899).

¹⁷⁵*Jenkins v. Charleston General Hospital and Training School*, 110 S.E. 560, 90 W.Va. 230 (1922).

¹⁷⁶*Hall v. Hospital Authority of Floyd County*, 91 S.E. (2d) 530, 93 Ga. App. 319 (1956); *Mestina v. Société Française De Bienfaisance et D'Assistance Mutuelle de la Nouvelle Orleans*, 170 So. 801 (La.) (1936); *Jenkins v. Charleston General Hospital and Training School*, 110 S.E. 560, 90 W.Va. 230 (1922).

¹⁷⁷*Martin v. State of New York*, 105 N.Y.S. 540, 120 App. Div. 633 (1907).

¹⁷⁸*Betts v. State*, 54 N.Y.S. (2d) 475 (1945); *Blassman v. State*, 27 N.E. (2d) 24, 288 N.Y. 522 (1940); *Brigante v. State*, 33 N.Y.S. (2d) 354 (1942); *Daley v. State*, 64 N.Y.S. (2d) 32, 187 Misc. 99 (1946); *Di Fiore v. State*, 88 N.Y.S. (2d) 815 (1949); *Fowler v. State*, 78 N.Y.S. (2d) 860, 192 Misc. 15 (1948); *Kubas v. State*, 96 N.Y.S. (2d) 408 (1949); *McCabe v. State*, 78 N.Y.S. (2d) 441, 190 Misc. 11 (1947); *McPartland v. State*, 98 N.Y.S. (2d) 665, 277 App. Div. 103 (1950); *Root v. State*, 40 N.Y.S. (2d) 576, 180 Misc. 205 (1943).

¹⁷⁹*Burtman v. State*, 67 N.Y.S. (2d) 271, 188 Misc. 153 (1947); *Callahan v. State*, 40 N.Y.S. (2d) 109, 179 Misc. 781, affirmed 46 N.Y.S. (2d) 104, 266 App. Div. 1054 (1943); *Curley v. State*, 265 N.Y.S. 762, 148 Misc. 336 (1933); *Danna v. State*, 139 N.Y.S. (2d) 585 (1955); *Dow v. State*, 50 N.Y.S. (2d) 342, 183 Misc. 642 (1944); *Graccione v. State*, 18 N.Y.S. (2d) 161, 173 Misc. 367 (1940); *Gallachicco v. State*, 43 N.Y.S. (2d) 439 (1943); *Gould v. State*, 46 N.Y.S. (2d) 313, 181 Misc. 884 (1944); *Gunzberger v. State*, 27 N.Y.S. (2d) 607 (1941); *O'Brien v. State*, 33 N.Y.S. (2d) 214 (1942); *Rossing v. State*, 47 N.Y.S. (2d) 262 (1944); *St. Pierre v. State*, 33 N.Y.S. (2d) 151, affirmed 45 N.Y.S. (2d) 354, reargument granted 47 N.Y.S. (2d) 605, 267 App. Div. 935, reversed 48 N.Y.S. (2d) 613, 268 App. Div. 808 (1942); *Tabor v. State*, 62 N.Y.S. (2d) 380, 186 Misc. 736 (1946); *Temple v. State*, 65 N.Y.S. (2d) 50 (1946); *Welcove v. State*, 261 N.Y.S. (2d) 685, 146 Misc. 87 (1933).

¹⁸⁰*McPartland v. State*, 98 N.Y.S. (2d) 665, 277 App. Div. 103 (1950).

¹⁸¹*Gould v. State*, 46 N.Y.S. (2d) 313, 181 Misc. 884 (1944).

¹⁸²*Dow v. State*, 50 N.Y.S. (2d) 342, 183 Misc. 642 (1944).

¹⁸³*Joachim v. State*, 43 N.Y.S. (2d) 167, 180 Misc. 963 (1943).

¹⁸⁴*Weiss v. State*, 40 N.Y.S. (2d) 283, affirmed 45 N.Y.S. (2d) 542 (1943).

¹⁸⁵*St. George v. State*, 118 N.Y.S. (2d) 596, 203 Misc. 340 (1953).



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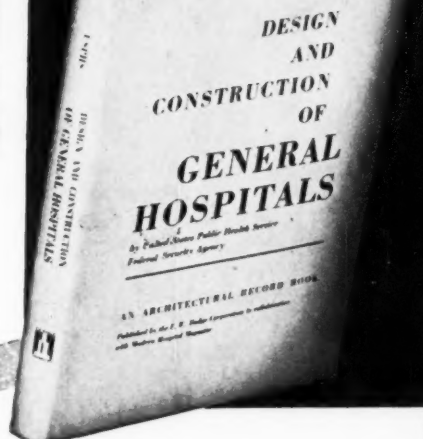
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risk and decide to take it, the state will not be held liable if their judgment is in error, and a released patient does bodily harm to another.¹⁸⁶ In another case involving property loss rather than personal injury, the state was held liable when an inmate escaped and set fire to a neighboring barn, where it was shown his escape was the result of a lack of close supervision.¹⁸⁷

In establishing negligence, the courts generally hold that the state will not be held liable if the act causing injury could not have been anticipated, if the degree of care exercised by the state was commensurate with the patient's physical and mental ailments, or condition, known to the hospital, its officials, physicians, and employees.¹⁸⁸ In other words, the standards of conduct required of an employee in any particular case is that which a reasonably prudent person would have exercised under the same or similar circumstances.¹⁸⁹ Needless to say, the courts will presume that an act in violation of the hospital's own rules is one that should be characterized as negligent.¹⁹⁰

New York Courts Appear to Hold Hospitals Liable for Only Such Acts as Are Considered to Be "Administrative"

In New York, it is significant that the courts appear to accept the view that, with reference to liability for the negligent acts of their professional personnel—physicians and nurses—hospitals, whether governmental or charitable or private, will be held liable for only such acts as are considered to be of an "administrative" nature and not those of a "medical" nature.¹⁹¹ In such cases, real difficulty is frequently had in distinguishing the difference between an "administrative" and a "medical" function.

Liability of County and Municipal Hospitals. While the law relating to the sovereign's liability for tort growing out of its operation and maintenance of hospitals is fairly well settled, there is no such agreement regarding similar liability of such municipal corporations as county, city, and district hospitals. The rule here ranges from total immunity, through various gradations, to total liability.

In some jurisdictions municipal corporations engaged in the operation of hospitals are held to be immune from liability on the ground they are governmental agencies. A Louisiana court, by way of *dictum*, stated this general rule as follows:

Hospitals with respect to their liability to patients . . . have been divided into three classes—public, private eleemosynary, and strictly private. Concerning the first class, it has been universally held that such

institutions being created and owned by the state or its subdivisions . . . are governmental agencies created for the purpose of discharging a public duty, in that they protect society from unfortunate individuals and those deficient in mental capacity or morals; consequently the rules applicable to municipal corporations and public offices in general are applied. The doctrine of respondeat superior [master-servant relationship] has no application to such institutions.¹⁹²

The main reason given by the courts for so holding is that a minor governmental subdivision of the state is engaged in a governmental and not a proprietary function, when it maintains a hospital.¹⁹³ The reasoning generally followed by the courts in supporting this conclusion is illustrated by a Georgia decision. In this case, the court was faced with the question of ruling on the liability of a county hospital chartered under statute. In holding it immune, the court said:

It . . . appears that the State has a right to delegate to a public corporation the governmental right and duty which it has to protect and preserve the health of its citizens . . . and that when it properly does so the corporation maintaining and operating a hospital under such delegated authority, not for profit, is in the exercise of a governmental function and not subject to a suit in a tort action . . . [and] an allegation that plaintiff was a pay patient [does] not . . . [negative] the fact that the authority is a non-profit organization.¹⁹⁴

Likewise, in somewhat the same general tenor, is the language found in a Missouri decision in which the court held a municipal hospital immune from liability. It said:

. . . where the officer or servant of a municipal corporation is in the exercise of a power conferred upon the corporation for its private benefit, and injury ensues from the negligence or misfeasance of such officer or servant, the corporation is liable, as in the case of private corporations or parties; but when the acts or omissions complained of were done or omitted in the exercise of a corporate franchise conferred upon the corporation for the public good, and not for private corporate advantage, then the corporation is not liable for the consequences of such acts or omissions on the part of its officers and servants.¹⁹⁵

With reference to a municipal corporation's liability for the negligent acts of its servants, agents and employees in

¹⁸⁶*Schwenk v. State*, 129 N.Y.S. (2d) 92 (1953).

¹⁸⁷*Benson v. State*, 52 N.Y.S. (2d) 239 (1945).

¹⁸⁸*Callaban v. State*, 40 N.Y.S. (2d) 109, 179 Misc. 781, affirmed 46 N.Y.S. (2d) 104, 266 App. Div. 1054 (1943); *Di Fiore v. State*, 88 N.Y.S. (2d) 815, 275 App. Div. 885 (1949); *Dowley v. State*, 68 N.Y.S. (2d) 573 (1947); *Fowler v. State*, 78 N.Y.S. (2d) 860, 192 Misc. 15 (1948); *Kubas v. State*, 96 N.Y.S. (2d) 408 (1949); *McCabe v. State*, 73 N.Y.S. (2d) 441, 190 Misc. 11 (1947); *McPartland v. State*, 98 N.Y.S. (2d) 665, 277 App. Div. 103 (1950); *Root v. State*, 40 N.Y.S. (2d) 576, 180 Misc. 205 (1943); *Scolavino v. State*, 62 N.Y.S. (2d) 17 (1946); *Zajackowski v. State*, 71 N.Y.S. (2d) 261, 189 Misc. 299 (1947).

¹⁸⁹*Joachim v. State*, 43 N.Y.S. (2d) 167, 180 Misc. 963 (1943); *Root v. State*, 40 N.Y.S. (2d) 576, 180 Misc. 205 (1943).

¹⁹⁰*Dow v. State*, 50 N.Y.S. (2d) 342, 183 Misc. 642 (1944).

¹⁹¹*Aberson v. City of New York*, 132 N.Y.S. (2d) 357, 205 Misc. 727 (1954); *Hidy v. State*, 137 N.Y.S. (2d) 334, 207 Misc. 202 (1954); *Jones v. City of New York Hospital for Joint Diseases*, 134 N.Y.S. (2d) 779 (1954); *Kaplan v. State*, 95 N.Y.S. (2d) 890 (1950). (See the discussion of the New York rule applicable to charitable hospitals, pp. 98; and to private hospitals, p. 174)

¹⁹²*Messina v. Société Française De Bienfaisance et D'Assistance Mutuelle de la Nouvelle Orleans*, 170 So. 801 (La.) (1934).

¹⁹³*Laney v. Jefferson County*, 32 So. (2d) 542, 249 Ala. 612 (1947); *Moore v. Walker County*, 185 So. 175, 236 Ala. 688 (1938); *Calkins v. Newton*, 97 P. (2d) 523, 36 Cal. App. (2d) 262 (1939); *Latham v. Santa Clara County Hospital*, 231 P. (2d) 513, 104 Cal. App. (2d) 336 (1951); *Sherbourne v. Yuba County*, 21 Cal. 113, 81 Am. Dec. 151 (1862); *Talley v. Northern San Diego County Hospital District*, 257 P. (2d) 22 (Cal.) (1953); *Schwalb v. Connely*, 179 P. (2d) 667 (Colo.) (1947); *Hall v. Hospital Authority of Floyd County*, 91 S.E. (2d) 530, 93 Ga. App. 319 (1956); *Love v. City of Atlanta*, 22 S.E. 29, 95 Ga. 129 (1894); *Watson v. City of Atlanta*, 71 S.E. 664, 136 Ga. 370 (1911); *Murtaugh v. City of St. Louis*, 44 Mo. 479 (1869); *Schroeder v. City of St. Louis*, 228 S.W. (2d) 677 (Mo.) (1950); *Maximilian v. City of New York*, 62 N.Y. 160 (1875); *Noble v. Habnemann Hospital of Rochester*, 98 N.Y.S. 605 (1906); *City of McAllen v. Gartman*, 81 S.W. (2d) 147 (1935), affirmed 107 S.W. (2d) 879, 130 Tex. 237 (1937); *City of Richmond v. Long's Administrators*, 17 Grat. 375, 94 Am. Dec. 461 (Va.) (1867); *Shaffer v. Monongalia General Hospital*, 62 S.E. (2d) 795 (W.Va.) (1950).

¹⁹⁴*Hall v. Hospital Authority of Floyd County*, 91 S.E. (2d) 530 (Ga.) (1956).

¹⁹⁵*Murtaugh v. City of St. Louis*, 44 Mo. 479 (1869).



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connection with the operation of a hospital, most courts, following the general rule of nonliability, appear to agree that the fact that the patient is a paying rather than a charity patient is immaterial. As evidence of this is the fact that most of the cases cited in support of the rule arose out of injuries received by paying patients. It is significant, however, that a California court, in holding that a hospital was not liable for injuries received by a charity patient, implied, at least, that it might have held differently had the injured party been a paying patient.¹⁹⁶ Still, in a more recent case, the California Supreme Court appears to have removed any doubt that this decision may have raised, when it said: "The imposition of a charge for service is not inconsistent with the exercise of a governmental function."¹⁹⁷

With respect to the general rule of nonliability, it might be well to point out that it has been held that the fact that a municipal corporation is not required but only permitted, by statute, to maintain a hospital has no effect on the question of liability—immunity attaches in both cases.¹⁹⁸ Likewise, it has also been held that a statutory provision to the effect that a hospital can sue and be sued does not create a right of action, nor does it impose liability for tort on the hospital.¹⁹⁹

A different reason for not holding municipal hospitals liable for the tortious acts of their agents, employees and servants is given by the courts of Nevada. There, the courts have held that county hospitals that have been created under statutory authority have no legal entity and so are not subject to suit.²⁰⁰ They have also ruled that statutory authority empowering hospital trustees of such institutions to take proper legal action to collect claims owing and unpaid, does not "breathe corporate life into the institution they represent, or in any other manner provide it with independent entity."²⁰¹

As has been stated, courts do not follow the total immunity rule in all jurisdictions. In some, they have adopted the rule of qualified immunity or qualified liability. Some courts reason that the rule of immunity is applicable only when the corporation is engaged in the performance of a governmental function, that the support and maintenance of a hospital is a proprietary instead of a governmental function, and so a municipal corporation is liable to one injured as the result of the negligence of the agents, servants and employees of a municipal hospital. Particularly is this the case with respect to injuries involving paying patients.²⁰²

¹⁹⁶*Calkins v. Newton*, 97 P. (2d) 523, 36 Cal. App. (2d) 262 (1939).

¹⁹⁷*Talley v. Northern San Diego County Hospital District*, 257 P. (2d) 22 (Cal.) (1953).

¹⁹⁸*City of McAllen v. Gartman*, 81 S.W. (2d) 147 (1935), affirmed 107 S.W. (2d) 879, 130 Tex. 237 (1937).

¹⁹⁹*Talley v. Northern San Diego County Hospital District*, 257 P. (2d) 22 (Cal.) (1953); *Maia's Administrators v. Eastern State Hospital*, 34 S.E. 617, 97 Va. 507 (1899); *Shaffer v. Monongalia General Hospital*, 62 S.E. (2d) 795 (W.Va.) (1950).

²⁰⁰*Bloom v. Southern Nevada Memorial Hospital*, 275 P. (2d) 885 (Nev.) (1954); *McKay v. Washoe General Hospital*, 33 P. (2d) 755, 55 Nev. 336 (1934).

²⁰¹*Bloom v. Southern Nevada Memorial Hospital*, 275 P. (2d) 885 (Nev.) (1954).

²⁰²*City of Miami v. Oates*, 10 So. (2d) 721, 152 Fla. 21 (1943); *Suwanee County Hospital Corporation v. Golden*, 56 So. (2d) 911 (Fla.) (1952); *Henderson v. Twin Falls County*, 80 P. (2d) 801, 59 Idaho 97, appeal dismissed 59 S. Ct. 149, 305 U.S. 568 (1938); *Kardulas v. City of Dover*, 111 A. (2d) 327, 99 N.H. 359 (1955); *City of Okmulgee v. Carlton*, 71 P. (2d) 722, 180 Okla. 605 (1937); *City of Pawhuska v. Black*, 244 P. 1114, 117 Okla. 108 (1926); *City of Shawnee v. Roush*, 223 P. 354, 101 Okla. 60 (1924).

In this connection an Oklahoma court has pointed out that when a municipality operates a hospital for compensation it is acting in a "quasi-private manner, and cannot avoid liability by reason of its municipal character," thus implying that if a nonpaying or charity patient had been injured it might have ruled differently.²⁰³ In Florida it appears that the fact the patient pays for the services rendered him is the deciding factor in determining whether the hospital is engaged in a governmental or a proprietary function, as the fact he is a paying patient appears in the pleadings in most cases. In one case, also, the court pointed out that under the statute creating hospital districts, they were declared to be not liable for the negligence of their officers, agents and employees and not liable for tort; yet it held a county hospital liable where the injured party was a paying patient.²⁰⁴ It reasoned that, with respect to a paying patient, the maintenance of a municipal hospital fell in the category of a proprietary rather than a governmental function, and that such a patient was entitled to the same protection and redress for wrongs as would be afforded him in a privately owned hospital. In another Florida case, the court appeared to adopt a slightly different line of reasoning. It argued that the hospital was liable, as it was a creature of a statute which did not grant it immunity.²⁰⁵ Likewise, in Idaho the question of whether the injured party is or is not a paying patient appears to be determinative of the question.²⁰⁶

Connecticut Courts Appear to Make Immunity Dependent Upon Exercise of Due Care in Selection of Employees

In Connecticut the courts, while granting qualified immunity, do so on a different basis. They appear to make immunity dependent upon the exercise of due care in the selection and retention of employees—a rule frequently followed in the case of purely charitable hospitals. In a comparatively recent case involving a public corporation, the court said:

It is the settled law of this state that hospitals and other eleemosynary corporations are exempted from this rule [of liability] when they have used due care in the selection of their employees. . . . When, however, they fail to use due care in the selection of their employees, the exemption is no longer effective and the underlying principles under which liability is determined are those governing the ordinary relationship of master and servant.²⁰⁷

Finally, courts in some jurisdictions have adopted the rule of total liability—i.e. complete liability for tort—with reference to municipal hospitals. Thus, in Minnesota it has been held that a municipal hospital is subject to the same liability as a private individual and gets no protection as the result of its governmental status. One court, in a case involving a municipal hospital, stated this rule as follows:

It was a general hospital operated for the private advantage and convenience of the inhabitants of the city. That its operation may incidentally to some extent protect society from "sickness and death" does not relieve the city from liability. Its main purpose was to care for and cure individual cases, which is the function of any hospital, whether it be a city hospital

²⁰³*City of Pawhuska v. Black*, 244 P. 1114, 117 Okla. 108 (1926).

²⁰⁴*Suwanee County Hospital Corporation v. Golden*, 56 So. (2d) 911 (Fla.) (1952).

²⁰⁵*City of Miami v. Oates*, 10 So. (2d) 721, 152 Fla. 21 (1943).

²⁰⁶*Henderson v. Twin Falls County*, 80 P. (2d) 801, 59 Idaho 97, appeal dismissed 59 S. Ct. 149, 305 U.S. 568 (1938).

²⁰⁷*Haliburton v. General Hospital Society of Connecticut*, 48 A. (2d) 261, 133 Conn. 61 (1946).



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or a private hospital. When a city engages in activities which are of a nature ordinarily engaged in by private persons and which subject private persons to liability for negligence, the city is likewise liable for negligence.²⁰⁸

In New Hampshire, the courts, also, seem to consider a municipal hospital's liability in the same category as that of a private hospital. There, a court, in ruling on the liability of a city that operated a general hospital, stated that it was engaged in the performance of a proprietary function, and said:

Its purposes are more closely related to those of a private institution in the same field . . . than to those of an institution for the mentally ill or for the care of indigents or for the control of contagious diseases which are governmental in nature because pertaining to interests which are not so special and local as those served by a general hospital of the type of the Wentworth.²⁰⁹

²⁰⁸*Borwege v. City of Owatonna*, 251 N.W. 915, 190 Minn. 394 (1954).

Because of the court's language, it is difficult to say whether all municipal hospitals would be considered liable, or only those that might be classified as "general hospitals."

In Alaska, too, it has been held that a city hospital is not exempt from liability.²¹⁰ There, the court reasoned that because immunity is not the rule, but that liability is, it was unnecessary to decide whether the city, in maintaining and operating a hospital, was engaged in the performance of a governmental or proprietary function. It ruled that the city should be held liable for the negligence of its employees, in such a situation, to the same extent as a private enterprise, whether engaged in public duties or charitable functions.

New York cases are not considered here because the matter has become purely statutory since the enactment of a statute waiving both the state's immunity from suit and its defense of performing a governmental function.

²⁰⁹*Kardulas v. City of Dover*, 111 A. (2d) 327, 99 N.H. 359 (1955).

²¹⁰*Tuengel v. City of Sitka*, 118 Fed. Supp. 399 (1954).

Review of Court Decisions Determining Liability of Private Hospitals

General Rule. The courts are in agreement that a private hospital—i.e. one owned and operated by a private person or corporation, generally for profit or gain, as opposed to one maintained for charitable purposes primarily—is liable for the torts of its agents, employees and servants, which result in injury to others.²¹¹ This is based upon the general

rule of *respondent superior* under which a master is held liable for the wrongs of his servant which take place within the scope of his employment, even though the patient is not paying for the services. Therefore, a private hospital has been held liable for injuries received by a baby—during and following delivery—which resulted from the negligence of its servants, where the contract called for the care of the mother.²¹² In this connection the courts appear to reason that the duty of the hospital with reference to the baby is inherent in its assumption of control and not only in its contract. Likewise, in Utah the courts have held a hospital liable where the injured person was a ward of the county and did not pay the bill himself but the county paid it, instead.²¹³

Not only is a private hospital liable for injuries resulting from the negligence of its servants, but it is also liable for its own negligence, or for its failure to perform its obligations.²¹⁴ Likewise, it is responsible for the acts of its executive officers as well as its employees, and where they permitted the use of the hospital's facilities for the improper treatment of a patient by a layman, in one case, the hospital was held liable.²¹⁵

This rule of liability also applies to the loss of a patient's property as well as to injuries to his person. For example, when a patient gave his bridgework to a nurse before

²¹¹*Hamlet v. Troxler*, 235 Fed. (2d) 335 (1956); *Durfee v. Dorr*, 186 S.W. 62, 123 Ark. 542 (1916); *Walls v. Boyett*, 226 S.W. (2d) 552 (Ark.) (1950); *Bellandi v. Parks Sanitarium Ass'n.*, 6 P. (2d) 508 (Cal.) (1932); *Brown v. La Société Française de Bienfaisance Mutuelle*, 71 P. 516, 138 Cal. 475 (1903); *Hedlund v. Sutter Medical Service Co.*, 124 P. (2d) 878, 51 Cal. App. (2d) 327 (1942); *Hawthorne v. Blytheewood, Inc.*, 174 A. 81, 118 Conn. 617 (1934); *City of Miami v. Oates*, 10 So. (2d) 721, 152 Fla. 21 (1943); *Parrish v. Clark*, 145 So. 848, 107 Fla. 598 (1933); *Pensacola Sanitarium v. Wilkins*, 67 So. 124, 68 Fla. 447 (1914); *Wilson v. Lee Memorial Hospital*, 65 So. (2d) 40 (1953); *Brauner v. Busser*, 179 S.E. (2d) 228, 50 Ga. App. 840 (1935); *Piedmont Hospital v. Anderson*, 16 S.E. (2d) 90, 65 Ga. App. 491 (1941); *Starr v. Emory University*, 93 S.E. (2d) 399 (Ga.) (1956); *Croupp v. Garfield Park Sanitarium*, 147 Ill. App. 7 (1909); *Galesburg Sanitarium v. Jacobson*, 103 Ill. App. 26 (1902); *Olander v. Johnson*, 258 Ill. App. 89 (1930); *Simmons v. South Shore Hospital*, 91 N.E. (2d) 135, 340 Ill. App. 153 (1950); *Fowler v. Norway Sanitarium*, 42 N.E. (2d) 415, 112 Ind. App. 347 (1942); *Quillen v. Skaggs*, 25 S.W. (2d) 33, 233 Ky. 17 (1930); *Cornell v. U.S. Fidelity & Guaranty Co.*, 8 So. (2d) 364 (La.) (1942); *Messina v. Société Française De Bienfaisance et D'Assistance Mutuelle de la Nouvelle Orleans*, 170 So. 801 (La.) (1934); *St. Paul-Mercy Indemnity Co. v. St. Joseph's Hospital*, 4 N.W. (2d) 637, 212 Minn. 558 (1942); *Maxie v. Laurel General Hospital*, 93 So. 817, 130 Miss. 246 (1922); *Meridian Sanitarium v. Scruggs*, 83 So. 532, 121 Miss. 246 (1920); *Palmer v. Clarksdale Hospital*, 40 So. (2d) 582 (Miss.) (1949); *Richardson v. Dumas*, 64 So. 459, 106 Miss. 664 (1914); *Smith v. Simpson*, 288 S.W. 69, 221 Mo. App. 550 (1926); *Malcolm v. Evangelical Lutheran Hospital Ass'n.*, 185 N.W. 330, 107 Neb. 101 (1921); *Wetzel v. Omaha Maternity and General Hospital Association*, 148 N.W. 575, 96 Neb. 648 (1914); *Dillon v. Rockaway Beach Hospital & Dispensary*, 30 N.E. (2d) 373, 284 N.Y. 176 (1940) reversing 21 N.Y.S. (2d) 502, 259 App. Div. 1033; *Hendrickson v. Hodkin*, 11 N.E. (2d) 899, 276 N.Y. 252 (1937); *Mesbel v. Crotona Park Sanitarium*, 276 N.Y.S. 989, 154 Misc. 221 (1935); *Van Patter v. Charles B. Towns Hospital*, 159 N.E. 686, 246 N.Y. 646 (1927); *Green v. Biggs*, 83 S.E. 553, 167 N.C. 417 (1914); *Pangle v. Appalachian Hall*, 131 S.E. 42, 190 N.C. 833 (1925); *Duke Sanitarium v. Hearn*, 13 P. (2d) 183, 159 Okla. 1 (1932); *Hamilton v. Corvallis General Hospital Ass'n.*, 30 P. (2d) 9, 146 Ore. 168 (1934); *Gitzhoffen v. Sisters of Holy Cross Hospital*

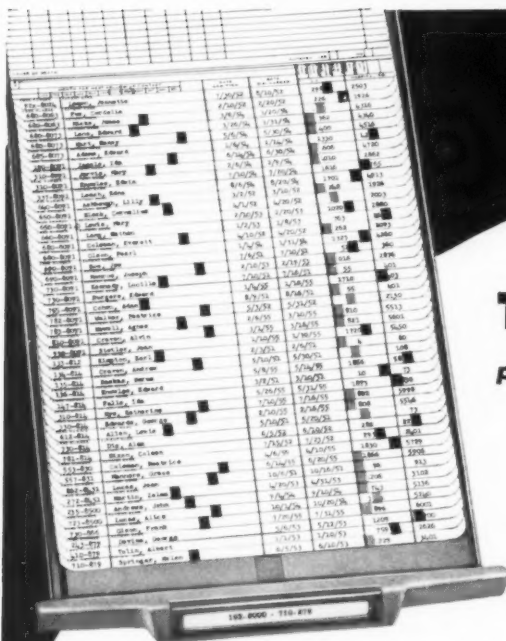
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²¹²*Birmingham Baptist Hospital v. Branton*, 118 So. 741, 218 Ala. 464 (1928); *Criss v. Angelus Hospital Ass'n. of Los Angeles*, 56 P. (2d) 1274, 13 Cal. App. (2d) 412 (1936); *Mahoney v. Harley Private Hospital*, 180 N.E. 723, 279 Mass. 96 (1932).

²¹³*Gitzhoffen v. Sisters of Holy Cross Hospital Association*, 88 P. 691, 32 Utah 46 (1907).

²¹⁴*Guilliams v. Hollywood Hospital*, 114 P. (2d) 1, 18 Cal. (2d) 97 (1941); *Inderbitzen v. Lane Hospital*, 12 P. (2d) 744, 124 Cal. App. 462 (1932).

²¹⁵*Hendrickson v. Hodkin*, 11 N.E. (2d) 899, 276 N.Y. 252 (1937).



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general anesthesia and it was lost, a New York court held the hospital liable.²¹⁶

This rule of liability, however, does not make a private hospital the insurer of its patients.²¹⁷ In other words, the hospital is only liable in case its agents, servants or employees are negligent. In the absence of proof of negligence on their part, liability does not attach.²¹⁸ Of course, contributory negligence on the part of the injured party may act to prevent his recovery even though the hospital's agents or servants may also have been negligent.²¹⁹ Thus, where a patient was instructed in how to adjust a heating pad and did so satisfactorily for a few days, then went to sleep with it on "high" or "medium" and was burned, the court refused to hold the hospital liable, on the ground the patient was guilty of contributory negligence.²²⁰ Where, however, a patient who was injured refused or failed to have his injury treated, it has been held that this did not destroy his right of action but it might be a factor in determining the amount of damages recoverable.²²¹ In this connection, it has also been held that it is not enough to prove negligence but it must also be shown that the injury complained of resulted from the alleged negligence and not from some other factor.²²² Needless to say, negligence must be proven,²²³ and the responsibility for so doing rests with the one alleging it. Concerning this, a North Carolina court said:

It all comes to this, that there must be legal evidence of the fact in issue and not merely such as raises a suspicion or conjecture in regard to it. The plaintiff must do more than show the possible liability of the defendant for the injury. He must go further and offer at least some evidence which reasonably tends to prove every fact essential to his success.²²⁴

While this rule of liability seems crystal clear, it should not be concluded that the result is a dearth of litigation in this field. So many cases involving this question, in some form or other, have been before the courts, with varying results, that it has led to the belief, on the part of some,

that the courts are in conflict. This conflict, however, is more apparent than real. A South Dakota court,²²⁵ inspired by a statement made by a Wisconsin court, with reference to the degree of care which a private hospital owes to a mentally disturbed patient, to the effect that: "There are probably no questions more delicate than the questions arising as to the proper care of such patients," [*Torrey v. Riverside Sanitarium*, 157 N.W. 552, 163 Wis. 71 (1916).] had the following to say with respect to those apparent conflicts:

In referring to these questions as delicate questions, that court undoubtedly meant that close distinctions must be drawn to allow for even slight differences in the facts, and that it is difficult to lay down any hard and fast general rule which can be made to apply to any considerable number of cases. A careful reading of the cases cited by counsel on respective sides of the case at bar will disclose the force of this statement. No two cases cited are similar as to the facts, and, where liability has been sustained in one case and denied in the other, the opinions disclose the fact that the diverse results are not due to any great divergence in the views of the courts, but rather to nice distinctions as to differences in the facts. In other words, each case must stand on its own merits as disclosed by the evidence, subject only to broad general rules as to what constitutes negligence and the degree of care required in broad general classes of cases. The question as to the general class into which any given case will fall is the delicate question, and that question must be determined from the facts in each particular case.

Most Litigation Covers Three Problems: What Is Negligence? Is Hospital Private? Is Individual Independent or Employee?

This quotation is an excellent statement of the situation as well as of the problem that faces one in attempting to discover general principles of law in this field. The situation, however, is not quite as hopeless as one might conclude. Most of the litigation, it will be found, is concerned with three main questions: (1) What constitutes negligence, and what degree of care must be exercised to avoid liability for negligence? (2) Is a particular hospital a private hospital liable under the rules of law applicable to such, or is it a charitable or governmental hospital, subject to a different rule? (3) When is an individual acting as an independent contractor—in which case the hospital is not liable for his negligence—and when is he acting as an employee of the hospital, thereby making the hospital liable under the doctrine of *respondeat superior*? The first and last questions mentioned will now be considered in turn. (The second one has already been dealt with, pp. 85 ff.)

The Degree of Care Required to Avoid Liability for Negligence. As has been said the general rule is that a private hospital is liable for injuries resulting from the negligence of its agents, employees and servants. This raises the question of what constitutes negligence. First, let it be said that in an action for tort the question of whether the conduct complained of was negligent or not is a question for the jury or, in a case tried without a jury, it is a question for the court to decide. Nevertheless, there are certain principles relating to behavior that have an important bearing on the matter of what constitutes negligence. One very general definition or criterion of negligence that is widely accepted is that negligence consists of doing

²¹⁶*Yohalem v. Yasuna*, 300 N.Y.S. 929, 165 Misc. 435 (1938).

²¹⁷*Criss v. Angelus Hospital Ass'n. of Los Angeles*, 56 P. (2d) 1274, 13 Cal. App. (2d) 412 (1936); *Welsh v. Mercy Hospital*, 151 P. (2d) 17, 65 Cal. App. (2d) 473 (1944); *Wood v. Samaritan Institution*, 161 P. (2d) 556, 26 Cal. (2d) 847 (1945); *Simmons v. South Shore Hospital*, 91 N.E. (2d) 135, 340 Ill. App. 153 (1950); *Fowler v. Norways Sanitorium*, 42 N.E. (2d) 415, 112 Ind. App. 347 (1942); *Marks v. St. Francis Hospital and School of Nursing*, 294 P. (2d) 258, 179 Kan. 268 (1956); *Maki v. Murray Hospital*, 7 P. (2d) 228, 91 Mont. 251 (1932); *Dahlberg v. Jones*, 285 N.W. 841, 232 Wis. 6 (1939).

²¹⁸*Criss v. Angelus Hospital Ass'n. of Los Angeles*, 56 P. (2d) 1274, 13 Cal. App. (2d) 412 (1936); *Foster v. Delgrave*, 277 P. (2d) 408 (Cal.) (1954); *Stansfield v. Gardner*, 193 S.E. 375, 56 Ga. App. 634 (1937); *Simmons v. South Shore Hospital*, 91 N.E. (2d) 135, 340 Ill. App. 153 (1950); *Davis v. Springfield Hospital*, 196 S.W. 104 (Mo.) (1917); *Davis v. Springfield Hospital*, 218 S.W. 696, 204 Mo. App. 626 (1920); *Pangle v. Appalachian Hall*, 131 S.E. 42, 190 N.C. 833 (1925); *James v. Turner*, 201 S.W. (2d) 691, 184 Tenn. 563 (1942); *Dahlberg v. Jones*, 285 N.W. 841, 232 Wis. 6 (1939).

²¹⁹*Mautino v. Sutter Hospital Ass'n.*, 296 P. 76, 211 Cal. 556 (1931); *Mitchell v. Executive Committee of Baptist Ass'n.*, 176 S.E. 669, 49 Ga. App. 615 (1934); *Jenkins v. Charleston General Hospital and Training School*, 110 S.E. 560, 90 W.Va. 230 (1922).

²²⁰*Dittert v. Fischer*, 36 P. (2d) 592, 148 Ore. 366 (1934).

²²¹*Duke Sanitarium v. Hearn*, 13 P. (2d) 183, 159 Okla. 1 (1932).

²²²*Hebel v. Hinsdale Sanitarium and Hospital*, 119 N.E. (2d) 506 (Ill.) (1954); *Hick's Adm'x. v. Harlan Hospital*, 21 S.W. (2d) 125, 231 Ky. 60 (1929).

²²³*Criss v. Angelus Hospital Association of Los Angeles*, 56 P. (2d) 1274, 13 Cal. App. 412 (1936).

²²⁴*Pangle v. Appalachia Hall*, 131 S.E. 42, 190 N.C. 833 (1925).

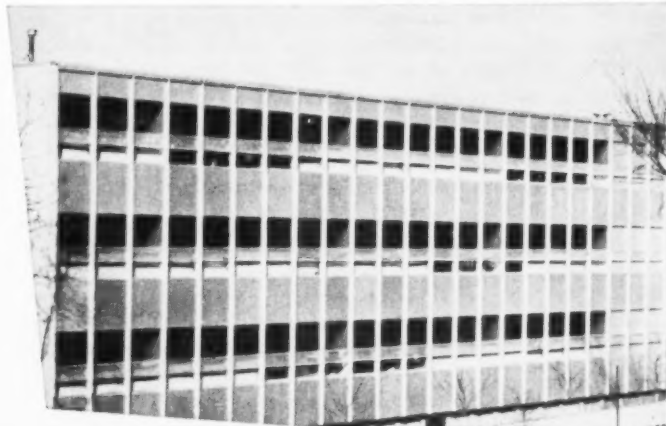
²²⁵*Fetzer v. Aberdeen Clinic*, 204 N.W. 364, 48 S.D. 308 (1925).



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what should not have been done or in failing to do what should have been done under the particular circumstances.²²⁶ To escape the penalty of negligence, on the other hand, one must act as a reasonably prudent person would have acted under the same or similar circumstances.²²⁷

Courts Generally Agree That Patients in Private Hospital Has Status of Invitee and Hospital Must Exercise Care

From the many cases in which the courts have been asked to determine whether particular conduct constituted negligence may be drawn certain conclusions which one may think of as legal principles. Courts are quite generally agreed that a patient in a private hospital has the status of an invitee, and the hospital is under the obligation of exercising ordinary or reasonable care if it is to avoid liability.²²⁸ To be more specific, reasonable care must be exercised in looking after a patient's welfare and in observing his progress.²²⁹ Where a patient, who had submitted to a hernia operation, developed tetanus and showed evidence of the pathological conditions three days before given medical care, the court held the hospital liable. It reasoned that the inaction of the nurses to danger signals that should have moved a reasonably intelligent person to summon a physician constituted negligence. In Oklahoma, a patient, who was recuperating from an operation, got wet when it rained on her in bed. Her gown was not changed for some time and she developed pneumonia. The court held the hospital liable for not exercising due care toward the patient.²³⁰

To exercise care of the person alone is not sufficient. The hospital also has the duty of properly caring for routine matters,²³¹ and for maintaining an environment that is safe

and equipment that is free from defects.²³² Even where it has been held that a hospital is not liable for the medical acts of its professional personnel, it has been held that it is liable where it furnishes defective equipment which results in injuring a patient.²³³ Where, however, the equipment was so unfit for the use for which it was furnished that the nurse, who was the employee of the patient, should have known, because of her training and experience, of the dangers inherent in its use, it has been held that the hospital was without liability.²³⁴ It has also been held that a private hospital was not liable for its failure to furnish adequately equipped operating facilities where a surgeon could operate with safety, because the responsibility for the adequacy of the equipment rested upon the surgeon who undertook the operation.²³⁵

Likewise, a hospital has the duty of exercising reasonable diligence in the selection, retention and supervision of its employees,²³⁶ and in the use of reasonable skill and diligence with respect to the treatment afforded.²³⁷ In commenting on a private hospital's responsibility with respect to its professional personnel, a North Carolina court has made the following significant statement:

Ordinarily, when a hospital like the present one undertakes to treat a patient without any special arrangement or agreement, its engagement implies three things: (1) That its physicians, nurses, and attendants possess the requisite degree of learning, skill, and ability necessary to the practice of their profession, and which others similarly situated ordinarily possess; (2) that its physicians, nurses and attendants will exercise reasonable and ordinary care and diligence in the use of their skill and in the application of their knowledge to the patient's case; and (3) that its physicians, nurses, and attendants will exert their best judgment in the treatment and care of the case. . . . And in the application of this general principle, such hospitals have been held liable for the negligent failure of their officers or employees to guard and restrain insane or delirious patients and prevent them from doing injury to themselves.²³⁸

One criterion for determining whether a private hospital is or is not negligent in its treatment of a patient is whether treatment given the patient was of the character customarily

²²⁶*Duke Sanitarium v. Hearn*, 13 P. (2d) 183, 159 Okla. 1 (1932).

²²⁷*Davis v. Springfield Hospital*, 196 S.W. 104 (Mo.) (1917); *Davis v. Springfield Hospital*, 218 S.W. 696, 204 Mo. App. 626 (1920); *Smith v. Simpson*, 288 S.W. 69, 221 Mo. App. 550 (1926); *Green v. Biggs*, 83 S.E. 553, 167 N.C. 417 (1914); *Tulsa Hospital Ass'n. v. Juby*, 175 P. 519, 73 Okla. 243 (1918); *Ford v. Vanderbilt University*, 289 S.W. (2d) 210 (Tenn.) (1955); *Dahlberg v. Jones*, 285 N.W. 841, 232 Wis. 6 (1939).

²²⁸*Welsh v. Mercy Hospital*, 151 P. (2d) 17, 65 Cal. App. (2d) 473 (1944); *Thomas v. Seaside Memorial Hospital of Long Beach*, 183 P. (2d) 288 (Cal.) (1947); *Ybarra v. Spangard*, 154 P. (2d) 687 (Cal.) (1945); *Lord v. Claxton*, 8 S.E. (2d) 657, 62 Ga. App. 526 (1940); *Crauford W. Long Memorial Hospital v. Hardeman*, 66 S.E. (2d) 63, 84 Ga. App. 300 (1951); *Hayhurst v. Boyd Hospital*, 43 Idaho 661 (1927); *Simmmons v. South Shore Hospital*, 91 N.E. (2d) 135, 340 Ill. App. 153 (1950); *Fowler v. Norways Sanitarium*, 42 N.E. (2d) 415, 112 Ind. App. 347 (1942); *Marks v. St. Francis Hospital and School of Nursing*, 294 P. (2d) 258, 179 Kan. 268 (1956); *Hicks' Adm'x. v. Harlan Hospital*, 21 S.W. (2d) 125, 231 Ky. 60 (1929); *General Benevolent Association v. Fowler*, 50 So. (2d) 137 (Miss.) (1951); *Maki v. Murray Hospital*, 7 P. (2d) 228, 91 Mont. 251 (1932); *Green v. Biggs*, 83 S.E. 553, 167 N.C. 417 (1914); *Pangle v. Appalachian Hall*, 131 S.E. 42, 190 N.C. 833 (1925); *James v. Turner*, 201 S.W. (2d) 691 (Tenn.) (1942); *Rural Ed. Ass'n. v. Anderson*, 261 S.W. (2d) 151 (Tenn.) (1953); *Arlington Heights Sanitarium v. Deaderick*, 272 S.W. 497 (Tex.) (1925); *Jefferson Hospital v. Van Lear*, 41 S.E. (2d) 441, 186 Va. 74 (1947); *Danville Community Hospital v. Thompson*, 43 S.E. (2d) 882, 186 Va. 746 (1947); *Hogan v. Clarksburg Hospital Co.*, 59 S.E. 943, 63 W.Va. 84 (1907); *Dahlberg v. Jones*, 285 N.W. 841, 232 Wis. 6 (1939); *Torrey v. Riverside Sanitarium*, 157 N.W. 552, 163 Wis. 71 (1916).

²²⁹*Valentin v. La Société Française De Bienfaisance Mutuelle de Los Angeles*, 172 P. (2d) 359 (Cal.) (1946).

²³⁰*Tulsa Hospital Ass'n. v. Juby*, 175 P. 519, 73 Okla. 243 (1918).

²³¹*Cornell v. U.S. Fidelity and Guaranty Co.*, 8 So. (2d) 364 (La.) (1942).

²³²*Norwood Clinic v. Spann*, 199 So. 840, 240 Ala. 427 (1941); *Baker v. Board of Trustees of Leland Stanford Jr. University*, 23 P. (2d) 1071, 133 Cal. App. 243 (1933); *Guilliams v. Holly-Wood Hospital*, 114 P. (2d) 1, 18 Cal. (2d) 97 (1941); *Welsh v. Mercy Hospital*, 151 P. (2d) 17, 65 Cal. App. (2d) 473 (1944); *Owens v. White Memorial Hospital*, 292 P. (2d) 288 (Cal.) (1956); *Esposito v. Hospital of St. Raphael*, 111 A. (2d) 545 (Conn.) (1955); *Starr v. Emory University*, 93 S.E. (2d) 399 (Ga.) (1956); *Butler v. Northwestern Hospital of Minneapolis*, 278 N.W. 37, 202 Minn. 282 (1938); *Holiforth v. Rochester General Hospital*, 105 N.E. (2d) 610, 304 N.Y. 27 (1952); *Schmitt v. The House of St. Giles the Cripple*, 130 N.Y.S. (2d) 613 (1954).

²³³*Woodhouse v. Knickerbocker Hospital*, 39 N.Y.S. (2d) 671, affirmed 43 N.Y.S. (2d) 518, 266 App. Div. 839 (1943).

²³⁴*Payne v. Santa Barbara Cottage Hospital*, 37 P. (2d) 1061, 2 Cal. App. (2d) 270 (1934).

²³⁵*Robinson v. Crotwell*, 57 So. 23, 175 Ala. 194 (1911).

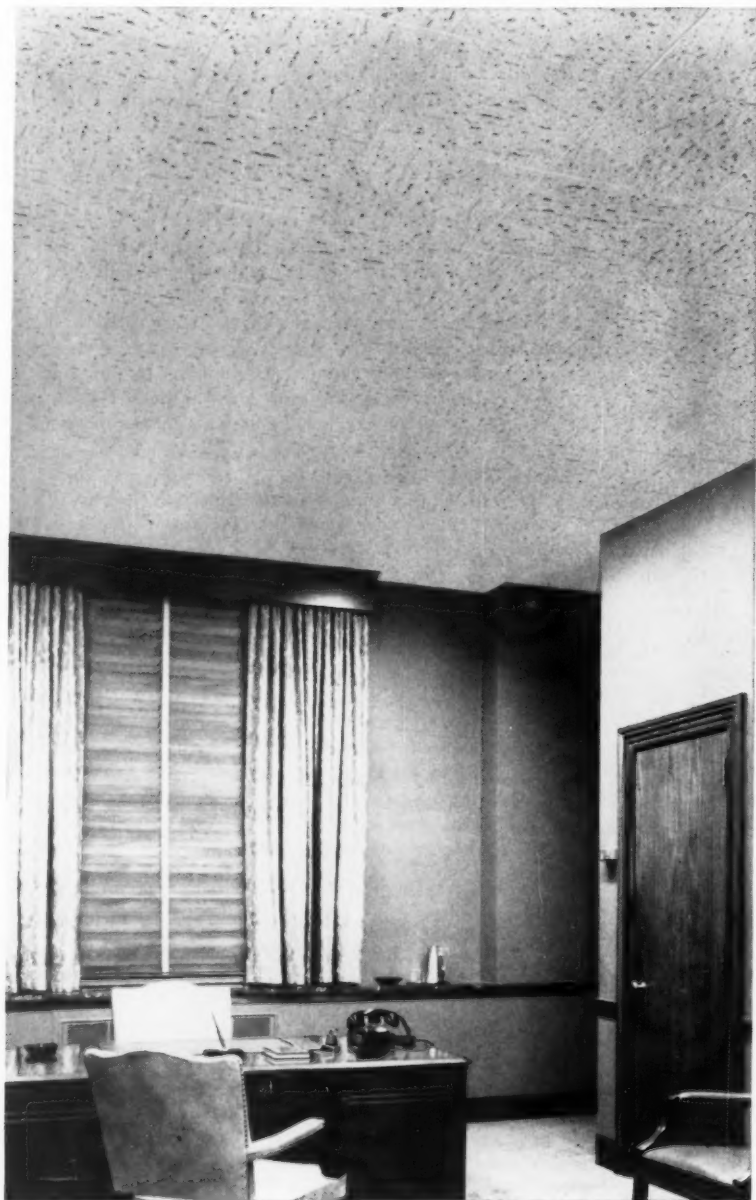
²³⁶*Wabash Railroad Co. v. Kelley*, 52 N.E. 152, 153 Ind. 119 (1898); *Maki v. Murray Hospital*, 7 P. (2d) 228, 91 Mont. 251 (1932); *Pangle v. Appalachian Hall*, 131 S.E. 42, 190 N.C. 833 (1925); *Gützboffen v. Sisters of Holy Cross Hospital Ass'n.*, 88 P. 691, 32 Utah 46 (1907).

²³⁷*Piedmont Hospital v. Anderson*, 16 S.E. (2d) 90, 65 Ga. App. 491 (1941).

²³⁸*Pangle v. Appalachian Hall*, 131 S.E. 42, 190 N.C. 833 (1925).

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administered for the same disease or symptoms by similar hospitals, in the same locality, at the same time.²³⁹

Let it be assumed that a private hospital's liability is confined to the tortious acts of its professional personnel alone, it should be noted that it is liable for the negligence of all of its employees. In Illinois, a hospital has been held liable where an attendant or attendants used unnecessary force to quiet a violent patient.²⁴⁰ Where, however, an attendant used force to subdue a drunken patient, and in so doing injured his jaw, the hospital was not held liable in the absence of a showing that the force was excessive.²⁴¹ In Georgia, the question involved the liability of a hospital for the alleged negligence of a janitor in caring for the floors.²⁴² In North Carolina a private hospital was held liable for the negligence of a watchman when an elderly patient burned to death.²⁴³ In this case, the man, who was housed in a wooden structure, was unable to get out without assistance when the building caught fire while the watchman was absent from the premises without a replacement.

With reference to the nature of the care owed to a specific person, the courts appear to be in agreement in holding that each case must be judged largely in terms of the known physical and mental condition of the individual patient and his capacity to care for himself.²⁴⁴ A Georgia court, in an action involving injuries received when a patient jumped out of a window while delirious, stated this rule as follows:

²³⁹*Valentin v. La Societe Francaise de Bienfaisance Mutuelle de Los Angeles*, 172 P. (2d) 359 (Cal.) (1946); *Marks v. St. Francis Hospital and School of Nursing*, 294 P. (2d) 258, 179 Kan. 268 (1956).

²⁴⁰*Galesburg Sanitarium v. Jacobson*, 103 Ill. App. 26 (1902).

²⁴¹*Nelson v. Rural Education Ass'n.*, 134 S.W. (2d) 181, 23 Tenn. App. 409 (1940).

²⁴²*Crawford W. Long Memorial Hospital v. Hardeman*, 66 S.E. (2d) 63, 84 Ga. App. 300 (1951); *Starr v. Emory University*, 93 S.E. (2d) 399 (Ga.) (1956).

²⁴³*Green v. Biggs*, 83 S.E. (2d) 553, 167 N.C. 417 (1914).

²⁴⁴*Rice v. California Lutheran Hospital*, 163 P. (2d) 860, 27 Cal. (2d) 296 (1945); *Wood v. Samaritan Institution*, 161 P. (2d) 556, 26 Cal. (2d) 847 (1945); *Thomas v. Seaside Memorial Hospital of Long Beach*, 183 P. (2d) 288 (Cal.) (1947); *Hawthorne v. Blytheview, Inc.*, 174 A. 81, 118 Conn. 617 (1934); *Adams v. Ricks*, 86 S.E. (2d) 329 (Ga.) (1955); *Brauner v. Busser*, 179 S.E. 228, 50 Ga. 840 (1935); *Emory University v. Shadburn*, 171 S.E. 192, 47 Ga. App. 643 (1933), affirmed 180 S.E. 137, 180 Ga. 595 (1935); *Stansfield v. Gardner*, 193 S.E. 375, 56 Ga. App. 634 (1937); *Lord v. Claxton*, 8 S.E. (2d) 657, 62 Ga. App. 526 (1940); *Crawford W. Long Memorial Hospital v. Hardeman*, 66 S.E. (2d) 63, 84 Ga. App. 300 (1951); *Hayhurst v. Boyd Hospital*, 254 P. (2d) 528, 43 Idaho 661 (1927); *Fowler v. Norways Sanitarium*, 42 N.E. (2d) 415, 112 Ind. App. 347 (1942); *Marks v. St. Francis Hospital and School of Nursing*, 294 P. (2d) 258, 179 Kan. 268 (1956); *Hicks' Adm'x. v. Harlan Hospital*, 21 S.W. (2d) 125, 231 Ky. 60 (1929); *Lexington Hospital v. White*, 245 S.W. (2d) 927 (Ky.) (1952); *Paulen v. Shinnick*, 289 N.W. 162, 291 Mich. 288 (1940); *Meridian Sanitarium v. Scruggs*, 83 So. 532, 121 Miss. 246 (1920); *Davis v. Springfield Hospital*, 196 S.W. 104 (Mo.) (1917); *Davis v. Springfield Hospital*, 218 S.W. 696, 204 Mo. App. 626 (1920); *Smith v. Simpson*, 288 S.W. 69, 221 Mo. App. 550 (1926); *Stallman v. Robinson*, 260 S.W. (2d) 743 (Mo.) (1953); *Maki v. Murray Hospital*, 7 P. (2d) 228, 91 Mont. 251 (1932); *Broz v. Omaha Maternity and General Hospital*, 148 N.W. 575, 96 Neb. 648 (1914); *Wetzel v. Omaha Maternity and General Hospital Ass'n.*, 148 N.W. 575, 96 Neb. 648 (1914); *Tulsa Hospital Ass'n. v. Juby*, 175 P. 519, 73 Okla. 243 (1918); *Ford v. Vanderbilt University*, 289 S.W. (2d) 210 (Tenn.) (1955); *James v. Turner*, 201 S.W. (2d) 691 (Tenn.) (1942); *Arlington Heights Sanitarium v. Deaderick*, 272 S.W. 497 (Tex.) (1925); *Jefferson Hospital v. Van Lear*, 41 S.E. (2d) 441, 186 Va. 74 (1947); *Danville Community Hospital v. Thompson*, 43 S.E. (2d) 882, 186 Va. 746 (1947); *Hogan v. Clarksburg Hospital Co.*, 59 S.E. 943, 63 W. Va. 84 (1907); *Dahlberg v. Jones*, 285 N.W. 841, 232 Wis. 6 (1939); *Torrey v. Riverside Sanitarium*, 157 N.W. 552, 163 Wis. 71 (1916).

A private hospital in which patients are placed for treatment . . . and which undertakes to care for the patients and look after them, is under the duty to exercise such reasonable care in looking after and protecting a patient as the patient's condition, which is known to the hospital through its agents and servants charged with the duty of looking after and supervising the patient, may require. This duty extends to safeguarding and protecting the patient from any known or reasonably apprehended danger from himself which may be due to his mental incapacity, and to use ordinary and reasonable care to prevent it.²⁴⁵

A California court on ruling on the liability of a hospital for the death of an eight-month old child who died while under the influence of an anesthetic due to the alleged negligence of a nurse for not staying in attendance voiced the same principle when it said:

A private hospital owes its patients the duty of protection. . . . It was the duty of the hospital to use reasonable care and diligence in safeguarding a patient committed to its charge . . . and such care and diligence are measured by the capacity of the patient to care for himself.²⁴⁶

This does not limit the exercise of discretion on the part of hospital authorities, however. In Georgia, where a hospital received a patient suffering from a mental breakdown and, noting his improvement, let up on its supervision, the court held it was not liable for negligence when the patient was injured as the result of falling or jumping from the stairway.²⁴⁷ Along somewhat this same line a Missouri court has implied the lack of liability where discretion is used. It said:

. . . no one is required to guard against or take measures to avert that which under the circumstances is not likely to happen, or, more accurately, which a reasonable person under the circumstances would not anticipate as likely to happen.²⁴⁸

The Question Is, Did the Administrative Conduct of the Hospital Constitute an Unreasonable Risk of Harm?

In this connection it has been held that: "Foreseeability or predictability of casualty is not the sole measure of duty."²⁴⁹ The question is, did the administrative conduct of the hospital constitute an unreasonable risk of harm to the patient?

While the hospital owes the duty of care to every patient proportionate to his known mental and physical condition, the courts appear to sound a particularly cautious warning to hospitals that receive mental and nervous cases.²⁵⁰ Particularly is this the case when the patient has suicidal tendencies. In speaking of such, it has been said: ". . . alertness must be heightened where suicide has been successively threatened in the past."²⁵¹ Likewise, it has been stated that a hospital should take special precautions in the case of the infirm and, in the absence of evidence that it did so, it will be held liable.²⁵² In this connection, it appears that a California court has implied that nothing less than maximum care on the part of a hospital in the case of an alcoholic will relieve it

²⁴⁵*Emory University v. Shadburn*, 171 S.E. 192, 47 Ga. App. 643, affirmed 180 S.E. 137, 180 Ga. 595 (1935).

²⁴⁶*Thomas v. Seaside Memorial Hospital of Long Beach*, 183 P. (2d) 288 (Cal.) (1947).

²⁴⁷*Stansfield v. Gardner*, 193 S.E. 375, 56 Ga. App. 634 (1937).

²⁴⁸*Davis v. Springfield Hospital*, 218 S.W. 696, 204 Mo. App. 626 (1920).

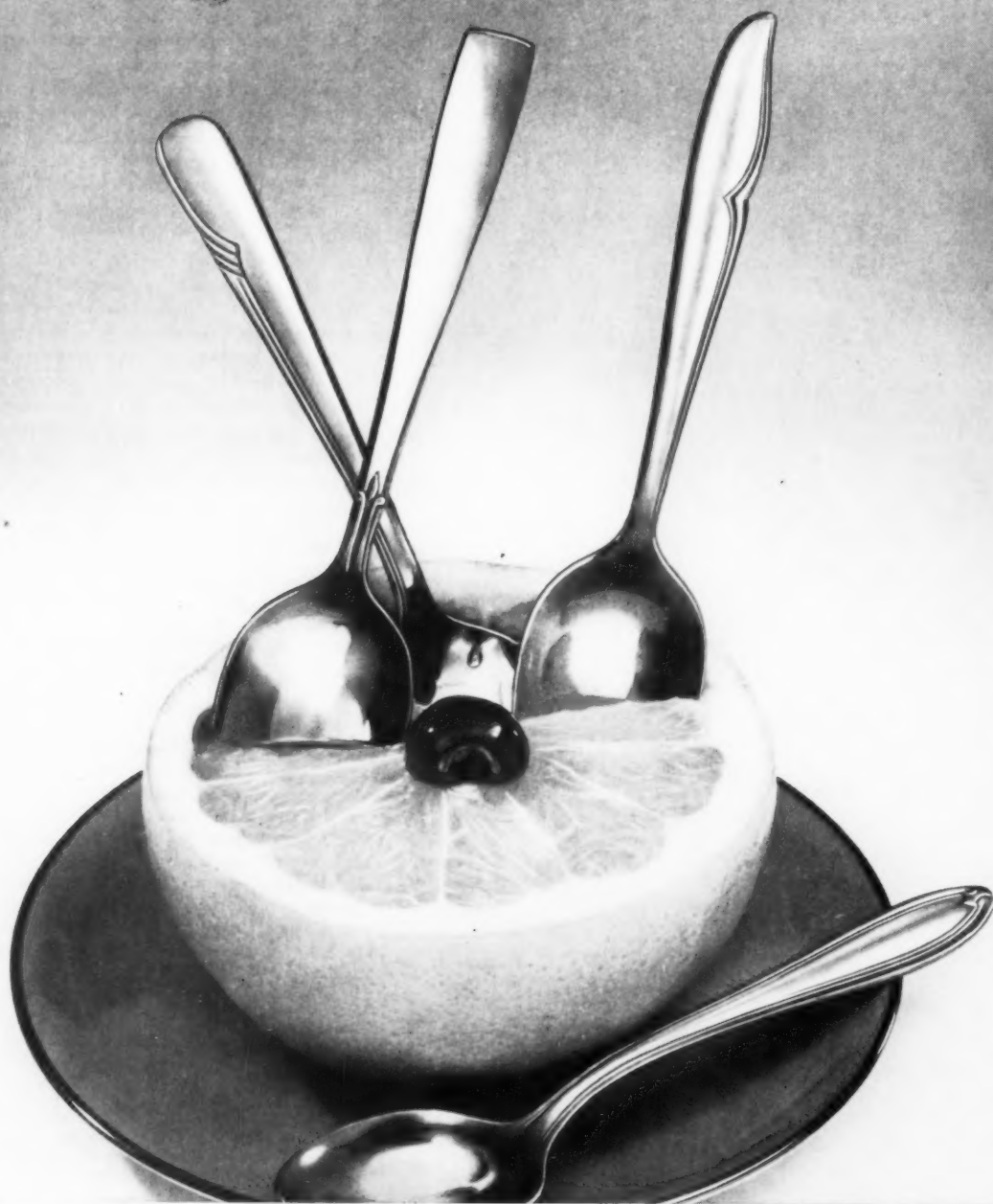
²⁴⁹*Lexington Hospital v. White*, 245 S.W. (2d) 927 (Ky.) (1952).

²⁵⁰*Dahlberg v. Jones*, 285 N.W. 841, 232 Wis. 6 (1939).

²⁵¹*Paulen v. Shinnick*, 289 N.W. 162, 291 Mich. 288 (1940).

²⁵²*Norwood Clinic v. Spann*, 199 So. 840, 240 Ala. 427 (1941).

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from liability, because it characterized the behavior of alcoholics as unpredictable.²⁵³

The rule that a hospital must exercise care commensurate with a patient's known physical and mental condition, in order to prevent liability, is not affected by the fact that the patient's condition is a contributing factor to his injury. In Idaho where a typhoid patient developed pneumonia, which necessitated an operation, and later allegedly developed tuberculosis, as the result of being left in a room, improperly clothed, with a window open, the court held that, even though his condition was a contributing factor, the hospital was liable.²⁵⁴

The rule of liability of private hospitals for failure to exercise reasonable care, skill and diligence is, according to some courts, based upon an implied contract to this effect between the hospital and the patient.²⁵⁵ In a statement to this effect, a Mississippi court said: "A patient is generally admitted to a hospital conducted for private gain under an expressed or implied obligation that he receive such reasonable care and attention for his safety as his mental and physical condition, if known, may require."²⁵⁶

When Do Professional Employees Act as Contractors and When Do They Act as Employees? For the purpose of assessing liability, the question frequently arises as to whether a particular nurse or physician was acting as an employee of the private hospital at the time the tortious act was committed so as to make the hospital liable.

With reference to physicians, the courts seem to be in agreement that a hospital is not liable for the negligence of a physician who is acting under a contract with the patient and not the hospital—an independent contractor.²⁵⁷ In commenting on this, a California court said: "It is unreasonable to assume that a physician or a professional nurse is subject to the direction and control of the administrative officers of a hospital with respect to their professional care and treatment of a patient."²⁵⁸ Likewise, a private hospital is not liable for the negligence of a physician it engages to treat a patient, where the physician does not act under the hospital's control²⁵⁹ but is responsible to the patient, solely, in the

absence of any claim that the hospital was negligent in its selection of such a physician.²⁶⁰

Courts generally consider a physician acting in such a capacity as an independent contractor. This appears to be particularly true in those states where a hospital cannot, by law, practice medicine and in the practice of medicine a physician cannot act as its agent. Here, of course, except where it might employ an incompetent, a hospital will not be held liable for the physician's negligence because, under the law, he can only act as an independent contractor.²⁶¹ A California court, however, appears to have held differently.²⁶² In this case a patient, complaining of asthma went to a hospital seeking relief. The receptionist took the patient's history and referred her to a physician. The physician, in turn, referred her to the hospital's technician, who was an employee of the hospital, for tests. In submitting to the tests, the patient's arm was burned, leaving her handicapped in obtaining employment in her trade as waitress. (It is not clear whether the technician was a physician or whether the physician who first saw the patient, was employed by the hospital.) In its decision, however, the court held the hospital liable. It held the hospital could not, under statute, practice medicine, and an illegal act on its part could not relieve it of liability, since the laws regarding the practice of medicine were enacted for the protection of the public and not for the protection of the hospital.

Private Hospital Is Not Held Liable for Physician, Acting Independently of Hospital, Simply Because He Is an Officer

Then, too, a private hospital will not be held liable for the negligence of a physician, acting independently of the hospital, simply because he is an officer or stockholder of the hospital corporation or a member of its staff.²⁶³ In treating the patient in such cases the physician does not act as the representative of the hospital. With reference to this, an Alabama court said:

The medical and surgical treatment and operation were prescribed and performed by the defendant Prince under an independent employment by plaintiff, and Prince, though he was a shareholder and officer of defendant corporation, in treating and operating upon plaintiff acted not at all as the agent of the said corporation nor within the line and scope of his authority as an officer. Beyond question or doubt any negligence, unskillfulness, or other wrong, if any there was, was his wrong, and for it he alone was responsible.²⁶⁴

(Continued on Page 176)

²⁵³Wood v. Samaritan Institution, 161 P. (2d) 556, 26 Cal. (2d) 847 (1945).

²⁵⁴Hayhurst v. Boyd Hospital, 254 P. 528, 43 Idaho 661 (1927).

²⁵⁵Piedmont Hospital v. Anderson, 16 S.E. (2d) 90, 65 Ga. App. 491 (1941); Lexington Hospital v. White, 245 S.W. (2d) 927 (Ky.) (1952); Maxie v. Laurel General Hospital, 93 So. 817, 130 Miss. 246 (1922); Meridian Sanatorium v. Scruggs, 83 So. 532, 121 Miss. 246 (1920); Pangle v. Appalachian Hall, 131 S.E. 42, 190 N.C. 833 (1925); Tulsa Hospital Ass'n. v. Juby, 175 P. 519, 73 Okla. 243 (1918); Wetzel v. Omaha Maternity and General Hospital Ass'n., 148 N.W. 575, 96 Neb. 648 (1914).

²⁵⁶Meridian Sanatorium v. Scruggs, 83 So. 532, 121 Miss. 246 (1920).

²⁵⁷Barfield v. South Highland Infirmary, 68 So. 30, 191 Ala. 553 (1915); Ware v. Culp, 74 P. (2d) 283, 24 Cal. App. (2d) 22 (1938); Wilson v. Lee Memorial Hospital, 65 So. (2d) 40 (Fla.) (1953); Jeter v. Davis-Fischer Sanatorium Co., 113 S.E. 29, 28 Ga. App. 708 (1922); Huber v. Deaconess Hospital Ass'n. of Evanville, 133 N.E. (2d) 864 (Ind.) (1956); Ilerman v. Baker, 15 N.E. (2d) 365, 214 Ind. App. 308 (1938); Gosnell v. Southern Railway Co., 162 S.E. 569, 202 N.C. 234 (1932); Penland v. French Broad Hospital, 154 S.E. 406, 199 N.C. 314 (1930); Bowditch v. French Broad Hospital, 159 S.E. 350, 201 N.C. 168 (1931).

²⁵⁸Ware v. Culp, 74 P. (2d) 283, 24 Cal. App. (2d) 22 (1938).

²⁵⁹Brown v. Moore, 143 F. Supp. 816 (1956); Plant System Relief and Hospital Department v. Dickerson, 45 S.E. 483, 118 Ga. 647 (1903); Black v. Fischer, 117 S.E. 103, 30 Ga. App. 109 (1923); Hoke v. Harrisburg Hospital, 281 Ill. App. 247 (1936); Ilerman v. Baker, 15 N.E. (2d) 365, 214 Ind. 308 (1938).

²⁶⁰Plant System Relief and Hospital Department v. Dickerson, 45 S.E. 483, 118 Ga. 647 (1903); Smith v. Duke University, 14 S.E. (2d) 643, 219 N.C. 628 (1941).

²⁶¹Brown v. Moore, 143 F. Supp. 816 (1956); Rosane v. Senger, 149 P. (2d) 372, 112 Colo. 363 (1944); Fowler v. Norways Sanatorium, 42 N.E. (2d) 415, 112 Ind. App. 347 (1942); Huber v. Deaconess Hospital Ass'n. of Evanville, 133 N.E. (2d) 864 (Ind.) (1956); Ilerman v. Baker, 15 N.E. (2d) 365, 214 Ind. 308 (1938).

²⁶²Hedlund v. Sutter Medical Service Co., 124 P. (2d) 878, 51 Cal. App. (2d) 327 (1942).

²⁶³Barfield v. South Highland Infirmary, 68 So. 30, 191 Ala. 553 (1915); Seneris v. Haas, 281 P. (2d) 278 (Cal.) (1955); Jeter v. Davis Fischer Sanatorium Co., 113 S.E. 29, 28 Ga. App. 708 (1922); Black v. Fischer, 117 S.E. 103, 30 Ga. App. 109 (1923); Hoke v. Harrisburg Hospital, 281 Ill. App. 247 (1936); Carter v. Harlan Hospital, 128 S.W. (2d) 174, 278 Ky. 84 (1939); Johnson v. City Hospital Co., 146 S.E. 573, 196 N.C. 610 (1929); Kuglich v. Fowle, 200 N.W. 648, 185 Wis. 124 (1924).

²⁶⁴Barfield v. South Highland Infirmary, 68 So. 30, 191 Ala. 553 (1915).

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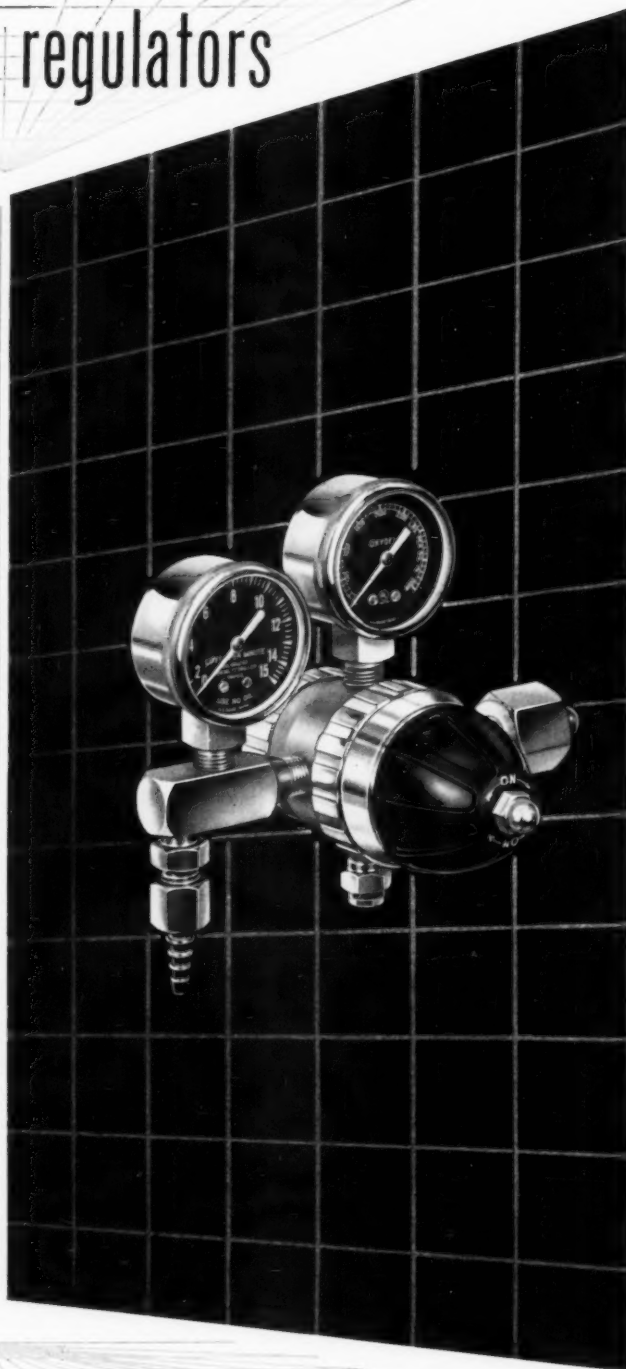
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In this connection it has also been held that the fact the hospital received part of the physician's fee and that the physician maintained offices in the hospital was immaterial and did not thereby make him an employee of the hospital.²⁶⁵ Likewise, it has been held that a private hospital is not liable for the negligence of a staff physician when he acts as the private physician of a patient.²⁶⁶ It has also been held that a private hospital would not be liable for injuries resulting from a shock treatment, where the hospital furnished its facilities and doctor for the giving of the treatment which was administered under the direction of the patient's own physician, even if he were negligent.²⁶⁷

This does not necessarily mean that a hospital is never liable for the negligence of a physician practicing therein. If the physician is employed by the hospital and if the hospital furnishes his services to its patients it may be held liable under the rule of *respondere superior*.²⁶⁸ In commenting on this rule, a North Carolina court made a significant statement which was previously quoted on page 170.²⁶⁹

In another case, a California court held a private hospital liable for the negligence of professional employees. In this case the plaintiff entered the hospital for delivery.²⁷⁰ Upon entry she was subjected to a number of different examinations, both rectal and vaginal, by a number of persons—physicians and students—in an atmosphere that did not appear to be professional. Two months later she noted a discharge and, upon examination, it was discovered that she had a torn uterus which had become infected. In a suit for damages the court held the hospital liable. It is significant, however, that, because of all the examinations, against some of which the plaintiff protested, the court characterized the case as much assault as though laymen had laid hands on plaintiff. Were it not for this aspect of the case, the verdict might, conceivably, have been different.

In another California case²⁷¹ a hospital was also held liable for the negligence of a physician employed by it. In this case a husband had a contract with a health foundation calling for medical care for his wife. The wife gave birth to a child at the foundation's hospital and the child became infected with impetigo and later died. In an action for damages, the court held both the physician and the hospital which employed him liable for negligence. It is significant that, to the hospital's contention that under the contract with the husband, which called only for the care of the wife, it

was relieved of any liability with respect to the child, the court turned a deaf ear. It held that the doctor and the hospital were as liable for malpractice which resulted in the death of the child as they would have been for malpractice which resulted in some injury to the mother.

Again, a private hospital was held liable, by a Louisiana court, for burns received by a baby when the attending physician laid it in an incubator without testing the temperature.²⁷² It is significant to note that the case did not hinge upon the hospital's liability for the negligence of the physician. The court reasoned that it was the duty of the hospital to care for routine matters and that the physician had the right to assume that the incubator was properly prepared.

With respect to the liability of private hospitals for the negligence of interns, the courts apply a different rule than in the case of physicians. They hold the hospital liable on the ground interns are employees of the hospital.²⁷³ In ruling to this effect a Virginia court said: "... a private hospital operated for profit . . . is responsible to a patient for the negligent acts of interns and nurses, employed by it and acting under its supervision and control, in the performance of their routine duties."²⁷⁴

Where Intern Has Been Loaned to Surgeon and Works Under His Direction, Hospital Will Not Be Held Liable

Where, however, the intern has been loaned to the surgeon, and where he works directly under the direction of the surgeon, his negligence may be imputed to the surgeon and the hospital will not be held liable. In a Pennsylvania case a surgeon, having performed a cesarian operation, handed the baby to an intern who allegedly applied an excessive amount of silver nitrate to the baby's eyes, practically blinding it. In an action for damages, the court held the hospital not liable on the ground that the intern was under the employ of the surgeon while performing this particular task, although he was a general employee of the hospital.²⁷⁵

This same rule has been held to apply to a resident surgeon who is employed and paid by a hospital.²⁷⁶ In a North Carolina case a patient who allegedly lost both legs as the result of the negligence of a resident surgeon brought an action for damages against the hospital.²⁷⁷ He contended that the surgeon, an assistant resident in surgery, operated without first making a complete and satisfactory diagnosis. He also contended that he did not give his consent to the operation. He had been told by the hospital's agent that the operation was a minor one and he would only be in the operating room some 40 or 45 minutes. It turned out that the operation, involving the severing of a nerve, was far from minor, and he was in the operating room for some six hours.

Something went wrong with the operation, which took

²⁶⁵*Hoke v. Harrisburg Hospital*, 281 Ill. App. 247 (1936); *Hall v. Enid General Hospital Foundation*, 152 P. (2d) 693, 194 Okla. 446 (1944).

²⁶⁶*Penland v. French Broad Hospital*, 154 S.E. 406, 199 N.C. 314 (1930); *Smith v. Duke University*, 14 S.E. (2d) 643, 219 N.C. 628 (1941).

²⁶⁷*O'Rourke v. Halcyon Rest*, 118 N.Y.S. (2d) 693, 281 App. Div. 838 (1953).

²⁶⁸*Brown v. La Société Française De Bienfaisance Mutuelle*, 71 P. 516, 138 Cal. 475 (1903); *Criss v. Angelus Hospital Ass'n. of Los Angeles*, 56 P. (2d) 1274, 13 Cal. App. 412 (1936); *Inderbitzen v. Lane Hospital*, 12 P. (2d) 744, 124 Cal. App. 462, rehearing denied 13 P. (2d) 905 (1932); *Gilstrap v. Osteopathic Sanitorium Co.*, 24 S.W. (2d) 249, 224 Mo. App. 798 (1929); *Byrd v. Marion General Hospital*, 162 S.E. 738, 202 N.C. 337 (1932); *Giusti v. C. H. Weston Co.*, 108 P. (2d) 1010, 165 Ore. 525 (1941); *Vaughan v. Memorial Hospital*, 130 S.E. 481, 100 W. Va. 290 (1926); *Treptau v. Bebruns Spa Inc.*, 20 N.W. (2d) 108, 247 Wis. 438 (1945).

²⁶⁹*Pangle v. Appalachian Hall*, 131 S.E. 42, 190 N.C. 833 (1925).

²⁷⁰*Inderbitzen v. Lane Hospital*, 12 P. (2d) 744, 124 Cal. App. 462, rehearing denied 13 P. (2d) 905 (1932).

²⁷¹*Criss v. Angelus Hospital Association of Los Angeles*, 56 P. (2d) 1274, 13 Cal. App. (2d) 412 (1936).

²⁷²*Cornell v. U.S. Fidelity & Guaranty Co.*, 8 So. (2d) 364 (La.) (1942).

²⁷³*City of Miami v. Oates*, 10 So. (2d) 721, 152 Fla. 21 (1943); *Broz v. Omaha Maternity and General Hospital Assn.*, 148 N.W. 575, 96 Neb. 648 (1914); *Post v. Crown Heights Hospital*, 17 N.Y.S. (2d) 409, 173 Misc. 250 (1940); *Carver Chiropractic College v. Armstrong*, 229 P. 641, 103 Okla. 123 (1924); *Stuart Circle Hospital Corporation v. Curry*, 3 S.E. (2d) 153, 173 Va. 136 (1939).

²⁷⁴*Stuart Circle Hospital Corporation v. Curry*, 3 S.E. (2d) 153, 173 Va. 136 (1939).

²⁷⁵*McConnell v. Williams*, 65 A. (2d) 243, 361 Pa. 355 (1949).

²⁷⁶*Bowers v. Olch*, 260 P. (2d) 997 (Cal.) (1953); *Waynick v. Reardon*, 72 S.E. (2d) 4, 236 N.C. 116 (1952).

²⁷⁷*Waynick v. Reardon*, 72 S.E. (2d) 4, 236 N.C. 116 (1952).

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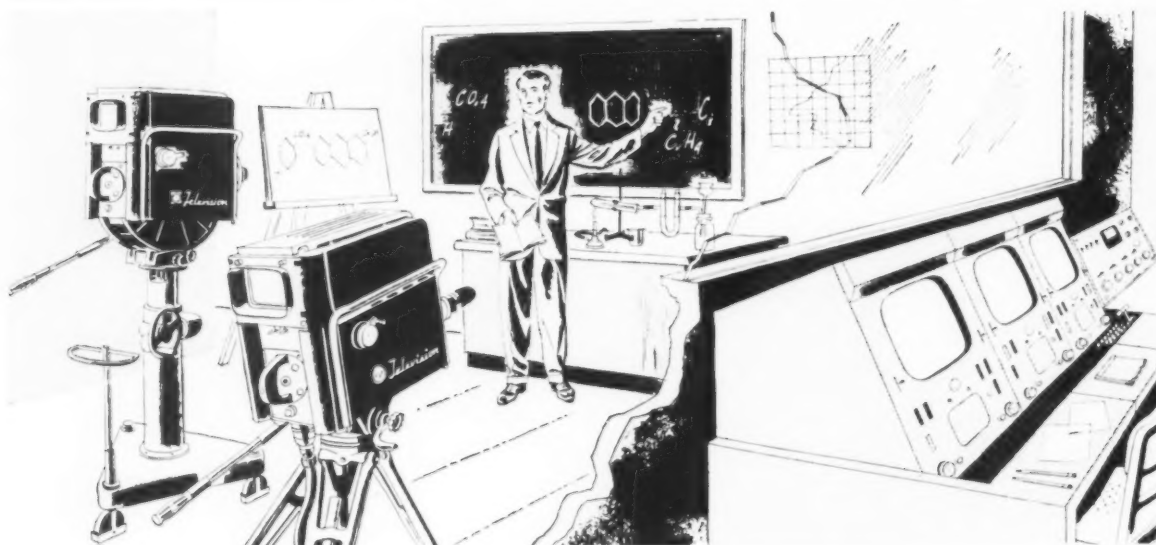
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place when no experienced surgeon was available in the hospital to aid, advise and consult. A blood vessel (or vessels) was punctured, excessive bleeding took place, and, to stop it, a number of blood vessels had to be tied off. The patient survived the operation, but, because of poor circulation, gangrene developed in one leg. The same resident amputated it. Later it was amputated again. Still later, when a blood clot developed in the other leg, it too was amputated. The patient was not a charity patient but paid all of his expenses. He had no choice of physicians and apparently did not pay the surgeon, who, as resident, received his maintenance and \$41.67 per month from the hospital. The court held the hospital liable on the ground that the resident was its agent, employee and servant, acting within the scope of his employment.

Hospital Is Held Liable for the Negligence of a Nurse But Only When she Is Acting as an Employee of Hospital

With reference to nurses, the courts hold somewhat the same way as they do with respect to physicians. They are in close agreement that a hospital is liable for the negligence of a nurse but only when she is acting under the direction and as the employee of the hospital at the time the tortious act complained of is committed.²⁷⁸ It is important to note that it has even been held that a hospital's liability extends to the negligence of one not actually employed by the hospital at the time of the injury but who was serving as a volunteer.²⁷⁹ During the "flu" epidemic following World War I, when nurses were badly needed, a student nurse volunteered for night duty. When a vapor lamp ignited an awning over a child's bed, while the nurse was absent from the room for a few minutes, with the result the child was so badly burned that she died, an action for damages was brought against the hospital. The court held the volunteer nurse was a servant of the hospital for whose negligence the hospital was liable.

On the other hand, a private hospital has been held not liable for the torts of a nurse committed while she was acting outside the scope of her authority.²⁸⁰ In North Carolina an action was brought involving this question.²⁸¹ In this case a patient, who was hospitalized for injuries which apparently consisted of a fracture, but which had not been so diagnosed at the time, was impatient to go home and asked the nurse to call the attending physician with regard

to the matter. The nurse replied that if the doctor ordered discharge the bill would be submitted. Shortly thereafter the nurse and another lady came with the bill and the patient's valuables, which had been left with the hospital upon entrance. The patient did not ask if the physician had approved the discharge and the nurse did not say the doctor had not been called. On the way home, while riding over rough roads, the edges of the fracture rubbed. The result was a leg two inches shorter than normal and of limited use. In the decision, exonerating the hospital from liability, the court said:

Nor was the hospital, under the circumstances, charged with any duty in procuring a termination of the relationship of patient and physician. Hence, if no such duty was imposed upon the defendant, and if it did not assume the performance of such a duty, then there is no negligence upon its part, and, consequently, no liability.

Likewise, it has been held that a hospital is not liable for the tortious acts of a special nurse employed by the patient.²⁸² In one such case,²⁸³ where a patient allegedly gave his false teeth to his special nurse for safekeeping and they were not returned, it was held that the hospital could not be held liable.

In New York, the courts appear to follow a slightly different rule with respect to the liability of a hospital for a nurse's negligence. They will hold the hospital liable in such cases only where the act complained of is of an administrative nature. They refuse liability in connection with the performance of medical acts.²⁸⁴ The New York rule has been stated as follows:

The rule is now well settled that a hospital, whether charitable or private, is immune from liability to patients by reason of the negligence of its doctors and nurses with respect to any matter relating to the patient's medical care and attention.²⁸⁵

In at least one New York case, however, the court held the hospital liable where no attempt was made to show that the nurse was acting under the direction of a physician,²⁸⁶ apparently on the assumption that the act performed in such a case was administrative in nature. Likewise, in New York, it appears that the courts follow the rule that the hospital's immunity for the negligence of its nurses in the performance of medical acts is dependent upon its use of due care in their selection and retention.²⁸⁷

(Continued on Page 180)

²⁷⁸*Norwood Hospital v. Brown*, 122 So. 411, 219 Ala. 445 (1929); *Longuy v. La Société Française de Bienfaisance Mutuelle*, 198 P. 1011, 52 Cal. App. 370 (1921); *Valentin v. La Société Française de Bienfaisance Mutuelle de Los Angeles*, 172 P. (2d) 359 (Cal.) (1946); *Welsh v. Mercy Hospital*, 151 P. (2d) 17, 65 Cal. App. (2d) 473 (1944); *Wilson v. Lee Memorial Hospital*, 65 So. (2d) 40 (Fla.) (1953); *Gardner v. Newman Hospital*, 198 S.E. 122, 58 Ga. App. 104 (1938); *Piedmont Hospital v. Anderson*, 16 S.E. (2d) 90, 65 Ga. App. 491 (1941); *Corey v. Beck*, 72 P. (2d) 856, 58 Idaho 281 (1937); *Hayhurst v. Boyd Hospital*, 254 P. 528, 43 Idaho 661 (1927); *Cornell v. U.S. Fidelity and Guaranty Co.*, 8 So. (2d) 364 (La.) (1942); *Stanley v. Schumpert*, 41 So. 565, 117 La. 255 (1906); *Byrd v. Marion General Hospital*, 162 S.E. 738, 202 N.C. 337 (1932); *Fawcett v. Ryder*, 135 N.W. 800, 23 N.D. 20 (1912); *Flower Hospital v. Hart*, 62 P. (2d) 1248, 178 Okla. 447 (1937); *Skidmore v. Oklahoma Hospital*, 278 P. 334, 137 Okla. 133 (1929); *Edith Minoque v. The Rutland Hospital, Inc.*, 125 A. (2d) 796 (Vt.) 1956; *Stuart Circle Hospital Corporation v. Curry*, 3 S.E. (2d) 153, 173 Va. 136 (1939); *Hansch v. Hackett*, 66 P. (2d) 1129, 190 Wash. 97 (1937); *Hogan v. Clarksburg Hospital Co.*, 59 S.E. 943, 63 W.Va. 84 (1907).

²⁷⁹*Longuy v. La Société Française de Bienfaisance Mutuelle*, 198 P. 1011, 52 Cal. App. 370 (1921).

²⁸⁰*Harvey v. North Louisiana Sanitarium*, 6 La. App. 230 (1926).

²⁸¹*Bowditch v. French Broad Hospital*, 159 S.E. 350, 201 N.C. 168 (1931).

²⁸²*Ware v. Culp*, 74 P. (2d) 283, 24 Cal. App. (2d) 22 (1938); *Kamps v. Crown Heights Hospital*, 296 N.Y.S. 776, 251 App. Div. 849, affirmed 14 N.E. (2d) 184, 277 N.Y. 602 (1937); *Fisher v. Sydenham Hospital*, 26 N.Y.S. (2d) 389, 176 Misc. 7 (1941); *Canney v. Sisters of Charity of House of Providence*, 130 P. (2d) 899 (Wash.) (1942).

²⁸³*Fisher v. Sydenham Hospital*, 26 N.Y.S. (2d) 389, 176 Misc. 7 (1941).

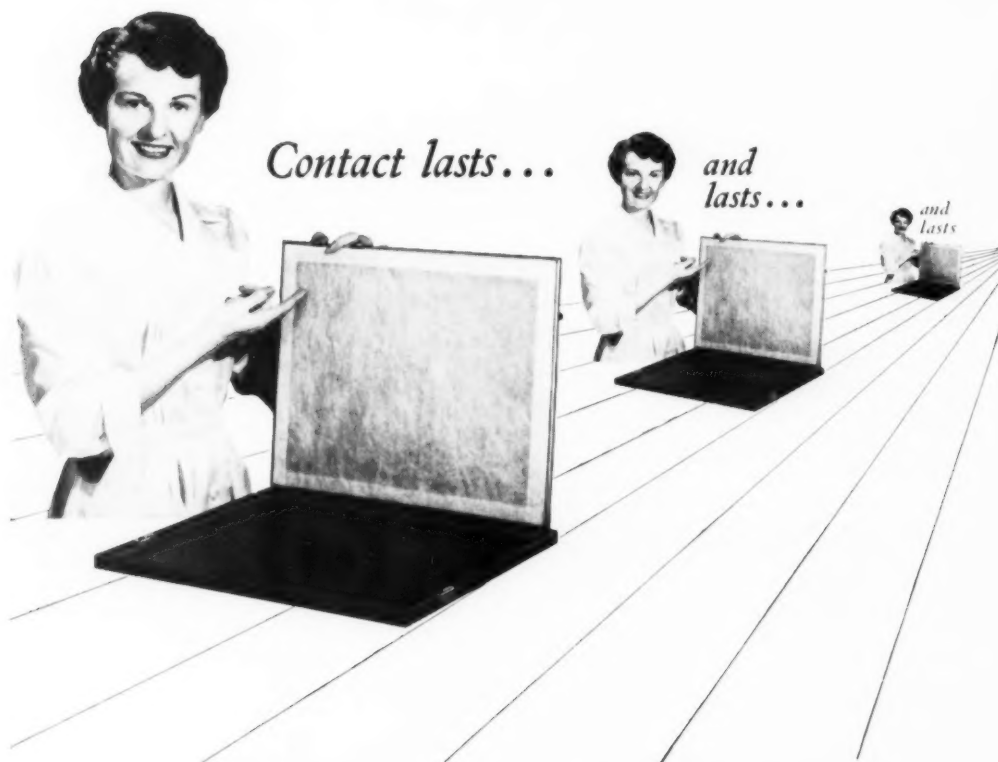
²⁸⁴*Bakal v. University Heights Sanitarium*, 99 N.Y.S. (2d) 814 (1950); *Capasso v. Square Sanitarium, Inc.*, 155 N.Y.S. (2d) 313 (1956); *Hendrickson v. Hodkin*, 250 App. Div. 619, 294 N.Y.S. 982 (1937); *Naddeo v. Degenshine*, 147 N.Y.S. (2d) 586 (1955); *Steinert v. Branswick Home*, 20 N.Y.S. (2d) 459, 259 App. Div. 1018, affirming 16 N.Y.S. (2d) 83, 172 Misc. 787, appeal denied 22 N.Y.S. (2d) 822, 260 App. Div. 810 (1940); *Yobalem v. Yasuna*, 300 N.Y.S. 929, 165 Misc. 435 (1938).

²⁸⁵*Hendrickson v. Hodkin*, 250 App. Div. 619, 294 N.Y.S. 982 (1937).

²⁸⁶*Meibell v. Crotona Park Sanitarium*, 276 N.Y.S. 989, 154 Misc. 221 (1935).

²⁸⁷*Bryant v. Presbyterian Hospital in City of New York*, 110 N.E. (2d) 391 (N.Y.) (1953); *Howe v. Medical Arts Center Hospital*, 26 N.Y.S. (2d) 957, 261 App. Div. 1088, affirmed 39 N.E. (2d) 303, 287 N.Y. 698 (1941).

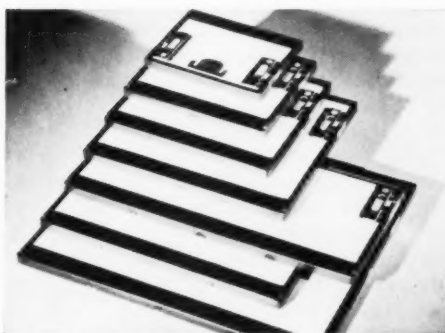
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Where the alleged negligence occurs while the nurse is acting under the direction of a physician or surgeon, who in turn is acting as an independent contractor, the courts generally hold that the hospital is not liable. In such a case they reason that the nurse, while a general employee of the hospital, is acting as the servant of the physician and that he is liable under the rule of *respondeat superior*.²⁸⁸ An Oklahoma court has stated the general rule as follows:

An examination of the authorities discloses to our satisfaction that the true test of the existence of the relation of master and servant in a given case does not depend upon whether the servant was in the general employ of the master, but upon whether the master actually exercises supervision and control over the servant during the time he uses the servant. A general master may loan the service of his employee to another for a specified purpose and for a short period of time, in which case the individual to whom such general servants are let is the master, and responsible for their negligent acts so long as he exercises actual supervision over them.²⁸⁹

Generalizations are difficult to draw in such cases because each must, of necessity, be decided on the basis of the facts peculiar to it. A consideration of some of these cases will, however, throw light on the way courts reason.

In Idaho it has been held that where a physician accompanied a patient to his room and was present when a nurse placed a hot water bottle so close to the patient as to burn him, the hospital was not liable because the nurse was acting under the physician's orders.²⁹⁰ Likewise, in New York, where a patient was burned when gases formed by the evaporation of an antiseptic which a nurse had applied to his body, ignited, when the surgeon introduced heated cautery into the area, the court held the hospital was not liable.²⁹¹ It reasoned that the application of the antiseptic immediately preceding surgery was a part of the operation itself and, therefore, it was a medical act and any duty of care rested with the surgeon.

Likewise, in Pennsylvania, a court held that a hospital was immune from liability when a nurse, while working under the direction of a surgeon in the operating room, so placed hot water bottles as to burn an infant patient.²⁹² In considering the rule, the court said by way of *dicta*, that "cleaning the operating room, placing clean sheets on the operating table, preparing gowns and gloves, sterilizing the instruments to be used in the operation . . . , making ready the sterile drapes, placing the patient on the operating table—all these are administrative acts performed by the nurse as an employee of the hospital and in regard to which the doctor or surgeon has not yet—to use a colloquialism—'come into the picture.'"

²⁸⁸*Sherman v. Hartman*, 290 P. (2d) 894 (Cal.) (1955); *Davis v. Potter*, 2 P. (2d) 318, 51 Idaho 81 (1931); *St. Paul-Mercy Indemnity Co. v. St. Joseph's Hospital*, 4 N.W. (2d) 637, 212 Minn. 558 (1942); *Berg v. New York Society for the Relief of the Ruptured and Crippled*, 146 N.Y.S. (2d) 548 (1955); *Bing v. St. John's Episcopal Hospital*, 149 N.Y.S. (2d) 358 (1956); *Aderhold v. Bishop*, 221 P. 752, 94 Okla. 203 (1923); *Hall v. Enid General Hospital Foundation*, 152 P. (2d) 693, 194 Okla. 446 (1944); *Randolph v. Oklahoma City General Hospital*, 71 P. (2d) 607, 180 Okla. 513 (1937); *Benedict v. Bondi*, 122 A. (2d) 209 (Pa.) (1956); *Edith Minogue v. The Rutland Hospital, Inc.*, 125 A. (2d) 796 (Vt.) (1956); *Kemalyan v. Deaconess Hospital*, 277 P. (2d) 372 (Wash.) (1954).

²⁸⁹*Aderhold v. Bishop*, 221 P. 752, 94 Okla. 203 (1923).

²⁹⁰*Davis v. Potter*, 2 P. (2d) 318, 51 Idaho 81 (1931).

²⁹¹*Bing v. St. John's Episcopal Hospital*, 149 N.Y.S. (2d) 358 (1956).

²⁹²*Benedict v. Bondi*, 122 A. (2d) 209 (Pa.) (1956).

In Washington, on the other hand, it has been pointed out that a nurse anesthetist who was employed and assigned by the hospital may be considered as an agent of the hospital rather than the surgeon.²⁹³ In this case, the court took into consideration the prevailing custom of the hospitals in the area, in arriving at its conclusion.

Likewise, in an Oklahoma case, where a nurse negligently placed a light bulb between a patient's arm and breast, so as to burn her, the court held the hospital liable, although it was contended by the hospital that the nurse was acting as the surgeon's servant at the time.²⁹⁴ (She was assisting another physician in giving the patient an injection prescribed by the surgeon.) So, too, in another case, where a nurse negligently put alcohol rather than the proper solution prescribed by the physician in a patient's eyes, it was held the nurse was acting as the hospital's and not the physician's employee.²⁹⁵ In commenting on the hospital's liability in this type of case, the court said:

. . . the functions of the nurse are sufficiently important to render her and her employers liable in damages for inflicting pain negligently. This nurse was employed by the sanitarium and had charge of plaintiff's case in accordance with his contract of employment. She was acting for the sanitarium under the direction of plaintiff's physician, and it was the duty of the sanitarium to see that she carried out the orders developing upon her, as a nurse.

The physician could have had another nurse called in her place, but he had no right to discharge her. The management of the sanitarium had the right of control and discharge.

In Louisiana, a hospital was also held liable in a case where it contended the wrong, for which damages were sought, should be "chalked up" against the doctor rather than the hospital.²⁹⁶ Here, a nurse was "warming up" an incubator in preparation for its use by a premature baby. The baby, however, arrived sooner than expected, before the nurse had removed the hot water bottle. The doctor, under the impression the incubator was ready to receive its most recent guest, placed the baby therein, and it was burned. The hospital's defense was that the physician, not the hospital, was liable, because it was the physician who placed the child in the incubator without testing the temperature and because the nurse, if she were negligent, was acting under the direction of the physician. The court held otherwise. It ruled that the hospital was liable for any negligence attributable to the nurse, on the ground that she was working for the hospital, which had the duty of caring for routine matters, and that the physician had the right to assume that the incubator was properly prepared. The nurse, it said, should have called the physician's attention to the fact that she was "warming" the incubator, and that it was not ready for occupancy.

In another case, where a nurse erred in placing a heating pad on "high" rather than "low" with the result that a patient was burned, it was held that, although the physician ordered the heat treatment, the nurse was a servant of the hospital in carrying out his orders.²⁹⁷ In a California case

²⁹³*Kemalyan v. Deaconess Hospital*, 277 P. (2d) 372 (Wash.) (1954).

²⁹⁴*Flower Hospital v. Hart*, 62 P. (2d) 1248, 178 Okla. 447 (1937).

²⁹⁵*Stanley v. Schumpert*, 41 So. 565, 117 La. 255 (1906).

²⁹⁶*Cornell v. U.S. Fidelity and Guaranty Co.*, 8 So. (2d) 364 (La.) (1942).

²⁹⁷*Piedmont Hospital v. Anderson*, 16 S.E. (2d) 90, 65 Ga. App. 491 (1941).

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an action for damages was brought against a hospital when a patient, who was still drowsy following an operation, was burned while attempting to drink hot tea.²⁹⁸ The nurse brought the tea, at the order of the doctor, put it on a table, and left the room. The court held the hospital liable. To the hospital's contention that the nurse, in bringing the tea, was acting for the doctor, it pointed out that the fact the doctor ordered tea for his patient was insufficient to transfer the blame to him, that it was the duty of the hospital to administer the tea in terms of the patient's condition.

Recently, Courts Have Tended to Move Toward Holding Charitable Hospitals Liable for Their Negligence

Hospitals are expected to exercise, at all times, ordinary care in maintaining their premises and equipment in safe condition, in selecting and retaining competent staff, and in promoting the well-being of their patients. When negligence—failure to exercise such care—results in injuries, hospitals are frequently faced with legal action for damages. Whether damages will be awarded by the courts as a result of such action cannot be answered categorically.

It can be said with a fair degree of certainty, however, that private hospitals, operated for pecuniary profit, are liable for their negligence and that government hospitals, in the absence of statute to the contrary, are immune from tort liability. (In this connection it should be noted that in some cases hospitals are classified as both private and charitable. Some courts apply the rule used in assessing liability against private hospitals to such institutions, while some consider them along with charitable hospitals.) Questions sometimes arise, however, in cases involving both private and govern-

mental hospitals which make the application of these well established principles matters of controversy. For instance, it has been held that although a hospital operated for private gain is liable for negligence, the mere fact that the negligence occurred in such a hospital is an insufficient basis for collecting damages from it, inasmuch as the tort may have been the act of a professional staff member, acting as an independent contractor, over whom the hospital had no professional control. Courts have held also that the fact that a hospital is governmentally owned and operated does not give it immunity from liability if its operation serves a proprietary rather than a governmental function.

When the tort-liability of charitable hospitals is considered there are few guideposts to aid in arriving at generalizations. Historically, the weight of authority is in favor of immunity of charitable hospitals from liability for negligence. Immunity has been based upon the doctrines that trust funds may not be diverted from the purposes of their establishment; that the beneficiary of a charity waives his right of actionable negligence; that the rule of *respondet superior* should not apply to charities inasmuch as the master does not benefit from the activity of his servants; and that encouragement of charitable enterprises given by public policy would be defeated if would-be donors were deterred from making donations because of the likelihood of their being used for purposes of indemnification. Judicial recognition of the historical weight of authority has been given even though courts have noted that the lack of unanimity in reasoning raised doubts as to its validity.

More recently, courts have tended to move toward holding charitable hospitals liable for their negligence. The current picture is not too different from that described by Justice Rutledge in 1942 (see p. 84).

²⁹⁸*Rice v. California Lutheran Hospital*, 163 P. (2d) 860, 27 Cal. (2d) 296 (1945).

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NEWS DIGEST

Chiefs of Staff Invited to Talk at New England Meeting . . . National Hospital Week Will Feature Careers for Youth . . . Accreditation Commission Cuts Staff Attendance Requirements . . . Blue Cross Association, Commission Divide Duties

Chiefs of Staff State Their Views on Hospital-Staff Relations at New England Hospital Assembly

BOSTON.—The New England Hospital Assembly, which prides itself, justifiably, on turning up with something new at each meeting, met its self-imposed obligation at the 34th annual session here March 25 to 27 with a panel at which the chiefs of staff were invited to expound their views on medical staff-trustee-administrator relations. It was a crowded meeting and the only criticisms heard of it were: (1) It would have been a good idea to invite a trustee and/or an administrator to sit on the panel so that they might have a chance to talk back, and (2) somebody should have restrained the final speaker on the program who had a great deal to say and said it at such length he used up most of the time that had been set aside for discussion.

In general, all parties to the affair agreed that somewhere along the line communications have broken down—and they'd better be repaired. In his introduction, Dr. Isidore S. Geetter, director of Mount Sinai Hospital, Hartford, Conn., asserted that "a current of unrest has been running through the New England meeting as it runs through individual hospitals and it always comes back to relations with the medical staff." It was the hope of the program planners, he explained, that the panel would nail down some of the causes of unrest by letting the men who carry the burden of interpreting staff views to the trustees bring their problems out into the open.

Dr. O. J. Bizzozero, chief of staff of Waterbury Hospital, Waterbury, Conn., chairman of the panel, agreed with Dr. Geetter. In his opinion, a chief of staff needs "the wisdom of Solomon, the patience of Job, the charity of the Good Samaritan, and the healing powers of the Great Healer. And if that man exists, I'd like to see him."



New England officers, l. to r.: Lois A. Bliss, treasurer, Franklin, N.H.; William S. Brines, Newton-Wellesley, Mass., incoming president; Francis C. Houghton, Rutland, Vt., president-elect, and William E. Sleight, Providence, R.I., immediate past president.

Three of the panelists, Dr. Richard S. Hawkes, chief of medical service, Maine Medical Center, Portland; Dr. Henry McCusker, director of medical education, Rhode Island Hospital, Providence, and Dr. Clinton Mullins, chief of staff, Concord Hospital, Concord, N. H., sounded as if they conformed pretty well to Dr. Bizzozero's definition of the ideal chief. All of them indicated that rapport among staff, administration and trustees in their particular hospitals is at a high level because each group respects the other.

Being head of the medical staff, Dr. McCusker stated, offers a physician a great opportunity to learn the problems of the trustee and the administrator, and "it is unfortunate that more physicians can't be president of the staff." Every staff must have a strong organization to be able to function with maximum effectiveness and a minimum of discord, he continued. Dr. McCusker regards antique by-laws as a major source of friction and considers it the chief of staff's duty to take a critical look at the staff organi-

(Continued on Page 196)

National Hospital Week Aims to Interest Youth in "Careers That Count"

CHICAGO. — "Careers That Count" is the theme for National Hospital Week, May 12 to 18, the American Hospital Association announced last month.

Key publicity piece in the Hospital Week program is a pamphlet, "Join Us in a Hospital Career," prepared in comic book format for distribution to member hospitals.

"Response to the cartoon book has been excellent," Dr. Edwin L. Crosby, A.H.A. director, said last month.

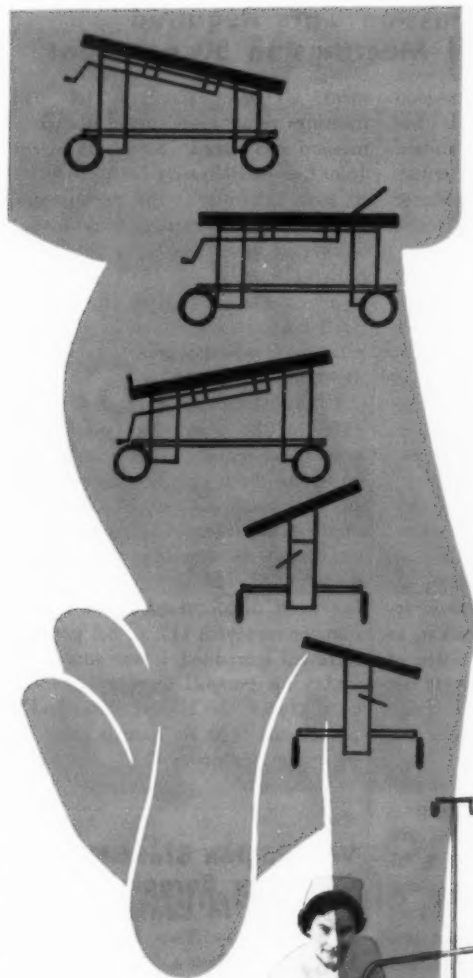
The association also distributed Hospital Week posters and moving picture films on career opportunities in the hospital field.

Through sample newspaper releases, radio announcements and other publicity distributed to hospitals, the A.H.A. sought to aim this year's Hospital Week message largely at young people in the career planning years, emphasizing the need for trained personnel in all kinds of hospital employment and the desirability of the hospital as a place to work.

The Hospital Week publicity pointed out there were 1,300,000 full-time employes in U.S. hospitals in 1955, receiving \$3.5 billion in salaries and wages.

"This represented an increase of 57 per cent in total hospital personnel and an increase of 225 per cent in payroll during the 10 year period, 1945 to 1955," the association said. "Yet from 1945 to 1955 the total number of hospitals reporting statistics rose only 14 per cent and the total of hospital beds, 12 per cent.

"This out-of-proportion increase in personnel reflected partly the tremendous growth in hospital services during the postwar decade, and partly the reduction in hours of the average hospital employe work week. In spite of the increase in hospital personnel, hospitals still are faced with the pressing need for additional workers."



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Accreditation Commission Cuts Required Attendance at Staff Meetings to 50 per Cent

CHICAGO. — The Joint Commission on Accreditation of Hospitals has modified the accreditation standard covering hospital staff meetings, reducing acceptable minimum attendance from 75 to 50 per cent of the active staff, it was announced here.

The new standard reads: "Active staff attendance shall average at each meeting at least 50 per cent of the active staff who are not excused by the executive committee for just cause. Each active staff member shall attend 50 per cent of staff meetings unless excused by the executive committee for just cause."

The board of commissioners voted to accept the recommendation of its committee on standards reducing minimum attendance to 50 per cent, instead of leaving the attendance requirement for local determination, as proposed by the Stover committee of the American Medical Association last year, for the following reasons, according to a *Bulletin* published by the Joint Commission last month:

1. A well functioning medical staff with good intercommunication is essential to ensure quality medical care.

2. The general staff meeting is an important tool both as an administrative and educational device to keep the staff as a whole informed of hospital activities and to ensure continuity of good medical practice.

3. It is essential that every hospital have rules and regulations pertaining to attendance at medical staff meetings. In order to make certain that these rules are adequate, the commission should furnish a specific yardstick in the standards.

From the time the commission was organized in 1952, the 75 per cent attendance rule has been the chief target of criticism by practicing physicians, and especially by general practitioner groups and physicians having staff affiliations at more than one hospital. In its report to the house of delegates of the American Medical Association last year, the special committee on accreditation headed by Dr. Wendell C. Stover of Indiana recommended that "staff meeting requirements by the Joint Commission are acceptable, but the attendance requirement should be set up locally and not by the commission."

With the exception of the diminished minimum attendance require-

ment, all other standards for staff meetings remain unchanged, the commission announced. "Surveyors of the Joint Commission have been instructed to look carefully at the performance of medical staffs as regards review of work performed in the hospital," the bulletin stated.

As of Dec. 31, 1956, there were 3770 hospitals accredited by the commission, it was reported, compared to 3630 at Dec. 31, 1955.

Of 1421 surveys conducted during 1956 by the commission staff, 1043 resulted in regular, three-year accreditation for the hospitals concerned, and an additional 261, or 18.4 per cent of the total, received accreditation for one year—the equivalent of the former "provisional accreditation" which has been discontinued. Of the total number surveyed, 117, or 8.2 per cent, were not accredited, it was announced.

Among the 1421 surveys, 1299 were conducted in the United States and its possessions, 120 in Canada, and two in foreign countries.

Washington State Nurses' Collective Bargaining Bills Die in Legislature

SEATTLE. — Two bills sponsored by the Washington State Nurses Association to compel hospitals to bargain collectively with their employees died in house committees when the legislature adjourned March 14, it was reported by the Washington Hospital Association last month.

The house also rejected a concurrent resolution which would have established an interim committee drawn from the labor committees of the house and senate to investigate wages and working conditions of hospital employees and make recommendations to the next session.

The house did adopt a floor resolution asking the legislative council to study hospital labor relations and report to the 1959 session.

The nurses' group had said the legislation was necessary because nurses voluntarily have renounced the exercise of their right to strike, and because health care activities (including hospitals, nursing homes and so on) have been reluctant or have refused to negotiate with nurses and to sign collective bargaining agreements.

Blue Cross Association and Commission Divide National Activities

SAN FRANCISCO.—Division of national Blue Cross functions between the Blue Cross Commission and the recently organized Blue Cross Association, established last year with headquarters in New York, was worked out at the 1957 Conference of Blue Cross Plans last month.

The following were determined to be functions of the Association:

1. Establishment of an effective national enrollment program. All national enrollment activities for Blue Cross will be assumed by the Association.

2. All aspects of the relationship between Blue Cross and the federal government, including federal employees. However, the contribution now made by the Blue Cross Commission to support the Washington office of the American Hospital Association is to be continued.

3. Administration of the Medicare program for providing benefits to dependents of members of the uniformed services, to be undertaken by the Association on July 1, 1957, when the present contract between the government and the Blue Cross Commission is terminated.

4. The national advertising activities of Blue Cross, to be undertaken by the Association on Dec. 1, 1957, but continued by the Commission until that date.

5. All aspects of public relations affecting national enrollment or group relationships; public relations activities related to hospitals to remain a function of the Commission.

6. A program of research related to development and marketing of a national service.

7. Establishment and operation of an interplan leased wired system among Blue Cross plans.

The following functions were designated as belonging to the Commission and were described generally as activities which are "plan-related as differentiated from subscriber-related":

1. Relations with the American Hospital Association and the hospital field generally.

2. Actuarial and statistical services to plans.

3. Assistance in plan public relations and hospital relations projects.

4. Statistical studies of plan operations and research primarily involving relations between Blue Cross plans and hospitals. (Cont. on Page 188)

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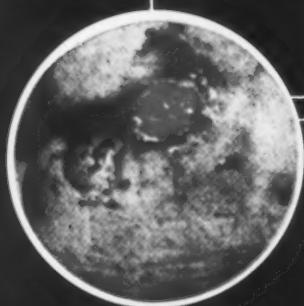
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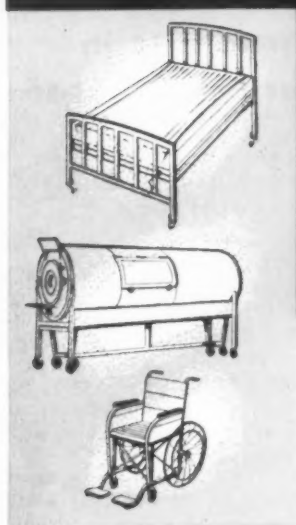
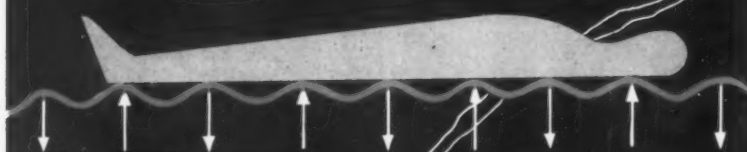
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Blue Cross Association, Commission Split Duties

(Continued From Page 186)

5. Administration of the Inter-Plan Service Benefit Bank and the Inter-Plan Transfer Agreement.

Also named as a major goal of the new Association was encouragement of all approved Blue Cross plans to become Association members; only 56 of the 80 Blue Cross plans in the United States have joined the Association, it was reported.

More than 900 delegates attended the conference. Robert T. Evans, executive director of Chicago Blue Cross, was reelected chairman of the Commission. Elected to the Commission were: Frank S. Groner, administrator of Baptist Memorial Hospital, Memphis; H. Charles Abbott, executive director, Hospital Service of Southern California, Los Angeles; Elisha M. Herndon, executive vice president of Hospital Care Corporation, Durham, N.C., and John B. Morgan Jr., executive vice president, Associated Hospital Service, Inc., Youngstown, Ohio.

Promotions Announced in N.Y. Hospital Department

NEW YORK.—Dr. Henry W. Kolbe has been named senior medical superintendent and director of the bureau of medical and hospital services of the New York Department of Hospitals. Dr. Kolbe formerly was general medical superintendent. Other appointments announced by Dr. Morris A. Jacobs, commissioner of hospitals, were:

Dr. Benjamin G. Dinin, medical superintendent at Metropolitan Hospital, and Dr. Herman E. Bauer, medical superintendent at City Hospital, promoted to general medical superintendents.

Dr. J. Clarence Chambers Jr., medical superintendent at James Ewing Hospital, named general medical superintendent. Dr. Chambers is the first Negro to achieve this rank.

Dr. Randolph A. Wyman and Dr. Harvey Gollance, promoted to general medical superintendents, will remain as heads of hospitals. Dr. Wyman will continue at Bellevue Hospital Center, and Dr. Gollance will be transferred from Coney Island Hospital to Kings County Hospital Center.

Nine other administrators were assigned as medical superintendents of various hospitals.

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Study of Hospital Costs in Cleveland Described at Ohio Hospital Convention

CLEVELAND.—A citywide study of hospital costs and bed utilization was described in detail at the opening session of the 42d annual convention of the Ohio Hospital Association here last month.

The study is being conducted by a citizens' committee organized last year, William L. West, chairman of the group and vice president of the National City Bank, told the convention.

Explaining the origin of the study, Mr. West said that hospital and Blue Cross officials, physicians and others became concerned in 1955 when it was necessary to raise Blue Cross rates for a second time.

Following detailed discussion by the interested groups, Mr. West and Howard W. Green, committee statistician, reported, the committee was organized to analyze approximately 70,000 ad-

missions in 43 Cleveland area hospitals, in an attempt to find answers to the following questions:

1. Why are hospital costs high, and why do they continue to rise?
2. How do hospital costs vary in different types of cases?
3. Can costs be cut without sacrificing patient care?
4. How has hospital use increased?
5. Who controls hospital admissions, length of stay, use of hospital services, and use of facilities, and how are these controls exercised?
6. What changes are taking place in use of Blue Cross benefits?

Joining in discussion of the committee's study were representatives of industry, labor, the medical profession, hospitals and Blue Cross. Speaking for physicians, Dr. John Budd, former president of the Cleveland Academy of Medicine, said the doctor's greatest concern today is hospital utilization.

"We realize that hospital costs will parallel wage and salary rates in any community," Dr. Budd said. "Our expanding educational programs and the need for better records will and must increase costs still further."

Inevitably, Dr. Budd added, improvements in diagnostic and therapeutic procedures, keeping pace with advancing medical science, will also add to hospital costs. Nevertheless, he said, there will be increasing pressure from hospital trustees and the public to "keep a good checkrein" on rising hospital costs.

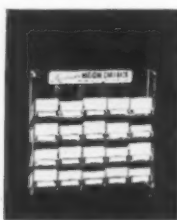
The labor representative, William Lightner, director of community service for the Cleveland Industrial Union Council, promised that the citizens' committee "will get enough facts to render a complete, honest report to the public."

Speaking for the committee, Mr. Green described the method being used to collect data on inpatient services, to be tabulated and analyzed by machine when the fact-gathering phase of the study is complete.

Describing another research project at the convention, members of the faculty of Ohio State University reported on a patient care evaluation project that has been undertaken by the university's college of engineering, with a grant from the U. S. Public Health Service. Dr. William T. Morris, professor of industrial engineering, Dr. Leonard Perlin, of the department of sociology, and James E. Smithson, a mathematician, said the group was undertaking a three-year



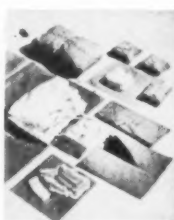
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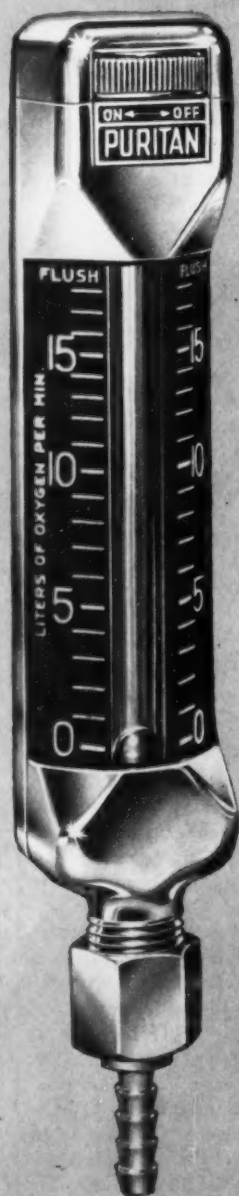
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study aimed at analyzing the supply, communications and planning functions of hospitals.

The study is just getting under way, they emphasized, and preliminary work has succeeded only in establishing the questions to be answered.

During the convention, an award was presented to Sister Mary Eustelle, administrator of St. Charles Hospital, Toledo, which was named winner of the statewide hospital safety campaign sponsored by the hospital association in cooperation with the Division of Safety and Hygiene of the State Industrial Commission.

St. Charles had the lowest frequency rate for the largest number of man-hours worked with no lost time accidents, it was reported.

Roger Sherman, administrator of Children's Hospital, Akron, was named president-elect of the association to succeed Wayne B. Foster, administrator of the Holzer Hospital and Clinic, Gallipolis, who became president during the convention. Louis C. Rittmeyer, administrator of Dunham Hospital, Cincinnati, was the retiring president.

Other new officers are: first vice president, John C. Gettman, Memorial Hospital, Fremont, and second vice president, Sister Cyril, Good Samaritan Hospital, Dayton.

17 Patients Die in Fire in Montreal Nursing Home

MONTREAL. — A short circuit in a power line leading to a nursing home in Pointe aux Trembles was reportedly the cause of a fire that resulted in the deaths of 17 residents of the suburban old people's home near here last month.

Fifteen residents, including some who were crippled, were evacuated from the structure, which was believed to be 200 years old.

The exact number of residents and staff members in the home was not known immediately, because ambulatory patients were permitted to leave on week ends and some were believed to be away at the time of the fire. Of the 38 patients in the nursing home, 12 were paralyzed or crippled, it was reported.

The precise cause of the fire was in dispute; one report was that the electrical element in a stove became overheated, while other witnesses reported the cause as a short circuited power line.

Yale Student Wins First Otho F. Ball Scholarship

CHICAGO. —

Margaret E. Peters, a student in the graduate program in hospital administration of Yale University, has been named recipient of the first Otho F. Ball Memorial Fund grant in the postgraduate training award program of the American College of Hospital Administrators.



Margaret E. Peters

Miss Peters, who is now an administrative resident at Grasslands Hospital, Valhalla, N.Y., is a graduate nurse and served for 13 years with the army nurse corps, achieving the rank of major. Prior to her army service she was a charge nurse and instructor at Presbyterian Hospital, New York.

With the grant, Miss Peters will take an extended residency at Grasslands Hospital to work in the development of a home care program and a rehabilitation program for the chronically ill and aging.

Under the terms of the grant, the fund may be applied either for an additional year beyond the master's degree requirements or for an extended residency period.

Dr. Ball was the founder of The MODERN HOSPITAL and served as president of The Modern Hospital Publishing Company until his death in 1953.

Citizens' Group to Visit State Mental Institutions

NEW YORK. — A private citizens' group has been organized to visit the 27 institutions in the state's mental health system periodically, according to the New York State Society for Mental Health. The group, to be known as the New York State Citizens Advisory Group for State Mental Hospitals and Schools, will supplement the work now being done by the official Boards of Visitors appointed for each institution.

The new group will seek to increase public understanding of the institutions and the problems of mental disorders. Now financed by charitable foundations, the citizens advisory group expects eventually to get its support from public fund drives, it was reported.

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Kentucky Hospital Group Holds Largest Convention; Elects Walter B. Chesnut

LEXINGTON, KY. —Walter Chesnut, business manager of the District 1 Tuberculosis Hospital, Madisonville, was named president-elect of the Kentucky Hospital Association at its annual meeting here March 26 to 28.

Other officers are: president, William S. Murphy, administrator, Good Samaritan Hospital, Lexington; treasurer, Brig. Alvena H. Wood, administrator, William Booth Memorial Hospital, Covington, and executive

secretary, Elizabeth D. Simmerman, Louisville.

The convention was the largest ever held by the association, with 843 registered, it was reported. State groups meeting concurrently were the women's auxiliaries, medical record librarians, hospital engineers, hospital accountants, and dietary personnel. Also meeting in Lexington were the central district and national board of the National Executive Housekeepers Association and the Kentucky Conference of Catholic Hospitals.

Highlighting the convention was a

mock train disaster in the Union Station here, giving hospital personnel a chance to observe as St. Joseph's Hospital put its disaster plan into operation.

Speaking before a meeting of the combined groups, Dr. Vane Hoge, assistant surgeon general of the U.S. Public Health Service, called for care-



L. to r.: president, William S. Murphy, administrator, Good Samaritan Hospital, Lexington; trustee, Sister Mary Gabriel, O.S.B., administrator, Mount Mary Hospital, Hazard; trustee, Wade Mountz, assistant administrator, Norton Memorial Infirmary, Louisville; president-elect, Walter B. Chesnut, business manager, District No. 1, State Tuberculosis Hospital, Madisonville.



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ful use of radioactive materials and better water and air pollution control plans. Dr. Hoge noted that high speed and high altitude flying necessitate research by physicians and scientists to make future air travel safe.

Ray Brown, immediate past president of the American Hospital Association, told the group that hospital costs will continue to rise. One factor contributing to the increase will be higher salaries for hospital personnel, necessitated by competition with industry for trained workers, he said.

Three-year diploma nursing schools should be strengthened, said Edwin S. Peel, administrator of Georgia Baptist Hospital, Atlanta. The nursing school appeals to those smaller towns that cannot afford college courses and has paid its way in supplying hospitals with qualified nurses, he said.

Dietary employees heard Elizabeth Perry, past president of the American Dietetic Association, stress the need for more well trained dietary supervisors and the importance of on-the-job training. "Our challenge today is to catch the expanding building program with adequate, trained staffs, and to develop ways to meet the daily increasing hospital costs," she said.

Close Liaison Between Medical Staff, Trustees Essential, Dr. Hawley Says

ST. LOUIS. — In too many hospitals today, the fence between general and professional management has no gate, and the fence itself is too high to jump, Dr. Paul R. Hawley, director of the American College of Surgeons, said in the annual Alphonse M. Schwittalla lecture in Firmin Desloge Hospital here last month.

"The day may come when hospital operation is generally regarded as an indivisible whole. It is not so, yet. . . . All that we can now hope for is an open gate in this fence, affording free access in both directions, and perhaps this is all that is necessary for efficient hospital operation," Dr. Hawley said.

The community, which builds and supports a hospital, has the right to demand that the hospital be operated in the best interests of the community, and these interests are served only by ensuring that the quality of care given in the hospital is as high as can be reasonably provided, he pointed out.

"In perhaps the majority of hospitals in this country, there still exists the philosophy that the quality of professional care is the sole concern of the medical staff, and that the hospital administration has no legitimate responsibility for it," Dr. Hawley said.

It is true, he noted, that medicine has become so complex that only a well trained doctor is competent to pass judgment upon the propriety of any medical technic, but the question is not who is a competent judge of any particular element in medical care, but who is ultimately responsible for the over-all quality of a hospital.

"The hospital bears a responsibility to the community not only for the housekeeping facilities it offers but also for the quality of medical care rendered under its roof. The only questions are the degree of this responsibility and the proper way to meet it," the doctor said.

In any case, there must be, as in any successful enterprise, one ultimate authority. The only question is who should exercise it, he explained.

"In the hospital, it must be either the governing board or the medical staff. It cannot be both," Dr. Hawley said.

He pointed out, however, that he did not mean to imply that either the hospital board or the medical staff can be dispensed with. Both are essential, he said, and for effective dis-

charge of the duties of each, there must be the closest liaison and co-operation between them. Each has a specific field of operation, but these fields must be coordinated for satisfactory operation of the hospital as a whole, he added.

"Whether this close cooperation is obtained through a liaison committee of the staff, or through staff membership upon the board, seems to me to make little difference. It would be my opinion that, if members of the staff are placed upon the board, they should be chosen by the staff for

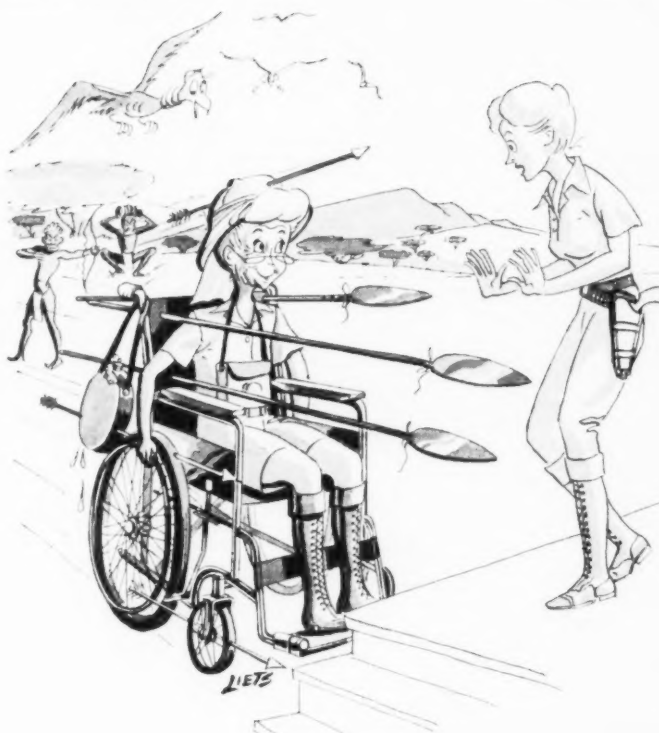
specified terms of office so that, if they do not represent the point of view of the staff, they can be replaced," Dr. Hawley said.

"It is beyond both the ability and the authority of a hospital board to dictate *how* medical care shall be given in the hospital, but it is both within the responsibility and the authority of the hospital board to require that the medical staff itself, through staff regulation and supervision, ensure a proper quality of professional care," he said.

This delegation of authority is not a one-way street, however, he said,

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adding that if the hospital board looks to the medical staff to ensure a high quality of medical care, the board must give full support to the efforts of the staff.

Furthermore, Dr. Hawley said, "no hospital board can be said to have met its minimum responsibility to the community until it has had the hospital accredited by the Joint Commission on Accreditation of Hospitals."

Postoperative Infection Rate Rising "Alarming," Declares Boston Surgeon

WASHINGTON, D.C. — The postoperative infection rate in some hospitals is 10 times what it should be and growing alarmingly, Dr. Carl W. Walter, a surgeon on the staff of the Peter Bent Brigham Hospital, Boston, and one of the nation's leading authorities on operating room sepsis, said here last month.

Dr. Walter said the unavoidable rate of postoperative infection is approximately one-half of 1 per cent, but the actual rate in many hospitals ranges from 5 to as high as 18 per cent.

Speaking at a section meeting of the American College of Surgeons here, Dr. Walter attributed the increasing rate of postoperative infection to three factors:

1. Prophylactic use of antibiotics has eliminated many of the more sensitive strains of infectious organisms, preserving the resistant, disease producing strains.

2. Hospitals today are run by "laymen who are essentially ignorant in medical matters." Surgeons should see that hospitals are run properly and operating rooms are clean, he added.

3. "Poor sanitation" in the nation's hospitals results from low salaried hospital personnel, he charged.

"These conditions exist in 90 per cent of civilian hospitals in the United States and in many veterans' hospitals," Dr. Walter declared. "It is up to you to recognize that you, too, are villains in a plot against your own patients. The doctors must see that hospitals are run properly, as they were two generations ago. In those days, every doctor was actively interested in cleanliness. We need doctors running hospitals."

Dr. Walter urged surgeons to stop using antibiotics routinely for prophylactic purposes in clean operations, and to use the drugs only to treat existing infections.

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Chiefs of Staff Air Views at New England Meeting

(Continued From Page 184)

zation and take measures to correct the things that are wrong. The by-laws, he believes, should be based on the facts of hospital life, spelled out carefully, and adhered to strictly.

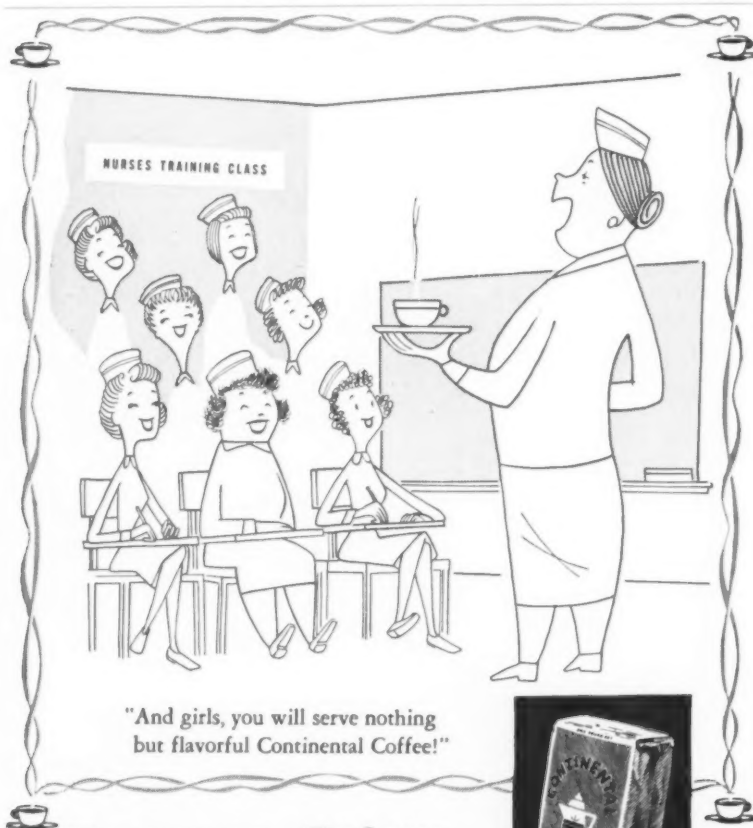
The next speaker joyously took issue with Dr. McCusker on the point of adhering to the rules. The one thing that bothers Dr. Ellsworth L. Amidon, chief of staff of Mary Fletcher Hospital, Burlington, Vt., most is a set of rules. "Rules and regulations just have

to be broken," he contended. Like Dr. Geetter, Dr. Amidon believes that communications have broken down. "What is the problem?" he asked. "The administrators don't understand the problems of the nursing service; nursing service doesn't understand administration's problems—and those vile old doctors don't understand anybody's problems." As a matter of fact, Dr. Amidon indicated, administrators and nurses haven't made much of an effort to understand the doctors' problems, either. He reminded his audience that "you have to tell something over

and over and over again; you must meet with six committees, tell them clearly and concisely just what the problem is and what is expected of them—and then there is always somebody who never heard of it."

A man with a grievance was the last speaker—Dr. John A. Maroney, chief of the surgical division, Worcester City Hospital, Worcester, Mass. He vindicated Dr. Amidon's statement that rules are made to be broken by talking for 25 minutes, in defiance of the five-minutes-per-speech rule of the program chairman, to make very clear his belief that hospitals are taking control of medical practice. It was difficult at times to determine whether Dr. Maroney was quoting himself, Dr. Dwight Murray, president of the American Medical Association, or Dr. Paul R. Hawley, director of the American College of Surgeons, but it was easy to determine that he is deeply disturbed by what he considers to be alarming encroachments by trustees on the functions of the medical staff. He objects strenuously to the theory that trustees have the "ultimate legal authority" in the hospital and not only accused many trustees of "playing favorites with staff members of their own choosing," but asserted that "a number of physicians aid and abet hospitals in attempting to control the practice of medicine." To that number he will have to add Dr. Mullins who, in the discussion following the papers, stated flatly that he, for one, certainly does believe that the trustees have the ultimate authority as well as the final legal responsibility for the actions of the medical staff.

As is customary at the New England meetings, trustees were exposed to all sorts of information and ideas about the operation of their hospitals. In addition to the medical staff session, institutes for the special benefit of trustees were offered on the problems of the small community hospitals and on hospital planning and development. At the latter session, Douglas M. West, medical facilities consultant of James H. Ritchie and Associates, Boston, revealed that the mistakes made in hospital construction were so numerous it was preferable to consider the reasons for the mistakes. "There are two basic ingredients in construction errors," said Mr. West. "One is faulty workmanship and the other is faulty planning. The first results primarily from poor supervision of the construction work and the second from



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a combination of factors—the number and type varying from job to job.” Into planning, he explained, go site selection, programming for the facility, and architectural design. In discussing site selection, he warned against accepting gifts of land without due and proper investigation. “Too often, the most expensive site is the one you get for nothing,” Mr. West asserted.

An example of careful planning that has paid off was presented at this session by Donald M. Rosenberger, director, Maine Medical Center, Portland. He described, step by step, the procedure involved in building the center which was opened nine months ago, eight years after it was first projected. “When we review what was accomplished we feel that it is safe to say any governing board should expect to be at least three years and possibly not less than five years in this stage of effort,” Mr. Rosenberger said. He urged hospitals that are planning a new unit to make all possible use of fact-finding bodies in the community, such as hospital councils and regional and state hospital planning boards, the hospital’s own professional staff and department heads, a hospital consultant, professional fund raising counsel, and an interior decorator, in addition to the architect.

In conclusion, Mr. Rosenberger warned trustees and administrators alike not to become so engrossed with the new building that they overlook the day-to-day operation of the existing hospital. “If your present hospital falters and patients leave resentful or outraged, you may seriously impair your whole effort for a new structure.”

Nursing got its share of attention at the assembly—and also from the Boston papers, which headlined the Tuesday panel on nursing education and also the luncheon speech of Dr. Albert W. Snoke, president of the American Hospital Association. The headlines stressed “acute nursing lack,” and “need to use practical nurses more.” Mrs. Neva Stevenson, R.N., secretary of the committee on practical nursing of the National League for Nursing, stated that expanding health services and increasing population are demanding more help than can possibly be supplied by professional nurses. “Today we have 151,000 licensed practical nurses in the country, and probably as many more unlicensed,” she said. “We could not possibly manage without them.”

In his luncheon address, Dr. Snoke



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brooded aloud about optimistic statistics on the number of nurses coming into the field that just don't coincide with the experience of individual hospitals. In what he termed a "Snoke Poll," he made recently among hospitals in Boston, New Haven, Hartford and New York, he discovered that many of them had had "as rough a time last summer, fall and winter as they have had for years"—and this in spite of figures issued by the League that there were 28,000 more nurses in January 1956 than there had been two years previously. One problem, said Dr. Snoke, is that hospitals in the East and Midwest "beat their brains out to recruit and educate nurses—and then the nurses go out West where they are not educating many nurses."

Referring to a "very erudite" survey made by the A.H.A.'s executive director, Dr. Edwin L. Crosby, in which Dr. Crosby calculated that there should be some 75,000 nurses available in 1965, Dr. Snoke suggested that such surveys "do a disservice to hospitals by giving them a feeling of false security." What, Dr. Snoke arose to inquire, would hospitals do with that many more students—even if they really materialized? Where would they find instructors to teach them? Where and how would they be housed? Who would finance their education? Such questions must be answered, he stated, and hospitals must take a much more active interest in finding the answers than they have in the past. "Since we have the responsibility for the over-all care of patients, we have to be concerned with nursing," the speaker asserted. "We must work closely with nurses associations to be sure we have mutual understanding. . . . The situation warrants the support by hospitals of a national study group."

Before he started his discussion of nursing, Dr. Snoke asked permission of the audience to "put on his A.H.A. president's hat" and discuss the association's expansion program. He wanted to make it perfectly clear at the outset that he was not trying to sell the board's program—he just wanted to bring the members up to date. Briefly, Dr. Snoke reviewed the ups and downs of the proposed A.H.A. building from its inception in 1954 through the special house of delegates meeting on March 16. It was the board's purpose, he explained, simply to make its recommendations [to meet the cost of the 17 story building by raising dues 50 per cent per year

Paper electrophoresis takes 2 important steps

Spinco announces developments which make the Model R Paper Electrophoresis System more useful than ever for such analyses as serum proteins, lipoproteins, glycoproteins, amino acids, carbohydrates, hemoglobins, proteins in spinal fluid, tears, and in other body fluids, enzymes, extracts, and a number of other inorganic and organic mixtures.

1

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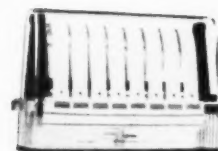
Improved low-noise paper plus several changes in recommended procedure increase accuracy and reproducibility. Subtler changes in the distribution of electrophoretic components can now be recognized with certainty. In addition, for serum proteins, analysis time has been reduced by over five hours through a new dyeing technique.



2

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The Spinco Analytrol recording scanner and integrator, which quantitates the paper strips, now uses narrow bandpass filters and a high-sensitivity servo amplifier. This substantially improves reproducibility and makes the Analytrol a general-purpose paper scanner, recording colorimeter and recording densitometer.



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for four years, plus a nationwide fund drive] and let the membership do the final deciding at the second delegates' meeting in May.

"If you don't like them [the recommendations], please come up with an alternative. We aren't trying to railroad anybody," Dr. Snoke concluded. He invited members of the New England Assembly to meet with him and Abbie Dunks, administrator of the Boston Dispensary, the next morning to look at the charts prepared by the A.H.A. staff and ask any questions that occurred to them. About 12 people

showed up for the meeting, asked a few questions, and drifted off.

For the third successive year, the assembly held a series of instructional conferences covering specialized aspects of hospital work, and for the third successive year they were 'way oversubscribed. "Our seating capacity is limited to 1687, which is far less than the 3507 who asked for reservations," it was stated by Richard T. Viguers, chairman of the instructional sessions.

At the banquet on Tuesday night, William E. Sleight, administrator of

Roger Williams General Hospital, Providence, R.I., turned over the president's office to William S. Brines, administrator of Newton-Wellesley Hospital, Newton-Wellesley, Mass.

Officers for the coming year are: president-elect, Francis C. Houghton, administrator, Rutland Hospital, Rutland, Vt.; treasurer (reelected), Lois A. Bliss, R.N., administrator, Franklin Hospital, Franklin, N.H., and trustees: William E. Sleight; Arthur B. Paulson, administrator, Elliot Community Hospital, Keene, N.H. and Godfrey Crosby, administrator, Brattleboro Memorial Hospital, Brattleboro, Vt.

Final registration figures totaled 4924 members and guests, 638 exhibitors, and 1675 registrants for the instructional conferences.



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CHICAGO 5, ILLINOIS

Reject West Side Addition for Cook County Hospital

CHICAGO. — Plans to build a 500 bed addition to the Cook County Hospital on the west side here were dropped by the Cook County Board of Commissioners last month following a public controversy over the comparative desirability of the addition as opposed to a south side branch.

Objections to the west side expansion had been raised by the Chicago Hospital Council, Welfare Council of Metropolitan Chicago, and other groups that felt any expansion of the Cook County Hospital system should be on the south side. "There has been so much objection to enlarging the hospital at its west side location that we have decided to confine new bond issues almost entirely to the repair and rehabilitation of present facilities," said Daniel Ryan, board president.

Originally, the board's financing proposal included a \$10 million bond issue for an addition to the present west side hospital, as part of a general proposal for expansion and improvement of county institutions.

CORRECTION

It was incorrectly stated in the April issue of *The MODERN HOSPITAL* in the article "Coffee Breaks the Monotony" (p. 92) that the office of the administrator, Sister Paul, was regularly used for student instruction and conferences and was selected as a suitable location for a "kaffee klätsch." It was the office of Sister Clarice, the obstetrical supervisor, which was utilized for the conferences and morning coffee gathering, Sister Paul explained.

Display Automatic Cell Counter and Analyzer

CHICAGO. — An automatic blood cell counter and cell size analyzer was presented here last month at a meeting of the Federation of American Societies for Experimental Biology.

Known as the Technicon Auto-analyzer, the apparatus costs \$3000, it was reported. Experimental units have been in use at Walter Reed Army Hospital, Washington, D.C., and in a few other hospitals throughout the country, Walter H. Coulter, who developed the device, told reporters.

The electronic counter can count 50,000 blood cells in 13 seconds, it was explained. Whereas the average laboratory technician may make 20 to 30 blood sample counts a day, examining about 500 cells in each count, the electronic analyzer handles 800 samples in the same period, with 50,000 cells in each sample.

Moreover, it was pointed out, the analyzer makes the count precisely, whereas counts made by technicians are sometimes inaccurate because of eye strain, fatigue and other human factors.

The analyzer can also distinguish among various sizes of cells, and may in time be developed to count bacteria as well.

Also on display at the federation meeting was an electronic device that makes a continuous record of blood pressure and sounds a signal when the patient's pressure falls or rises to dangerous levels.

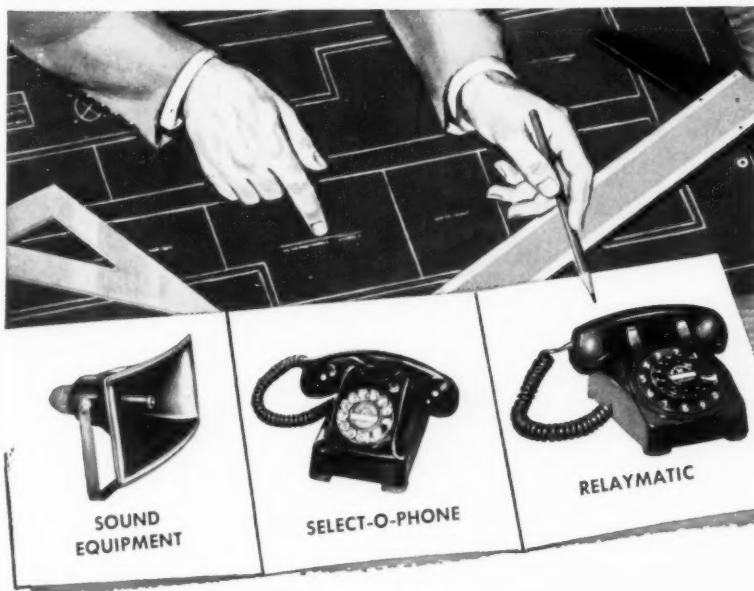
The device is attached to a cuff on the patient's arm, and, in addition to signaling at certain blood pressure levels, makes a continuous record of the systolic and diastolic pressures. It has also had experimental trials in a number of hospitals, it was reported.

Hospital Boilers Housed on Sidewalks of New York

NEW YORK. — Three steam boilers set up on the sidewalk were the ingenious solution to the lack of heat and hot water at the New York Medical College-Flower and Fifth Avenue Hospital recently.

The hospital was without heat when a fire put its regular oil-steam plant out of commission. The three "donkey boilers" were placed in an asbestos-lined shack outside the hospital and connected with the main steam line. A 1500 gallon tank, also located on the sidewalk, fed oil to the temporary boilers.

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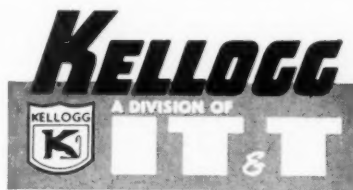
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COMING EVENTS

AMERICAN ASSOCIATION OF MEDICAL RECORD LIBRARIANS, Schroeder Hotel, Milwaukee, Oct. 7-10.

AMERICAN COLLEGE OF HOSPITAL ADMINISTRATORS, Atlantic City, N.J., Sept. 28-30.

AMERICAN COLLEGE OF HOSPITAL ADMINISTRATORS, Regional Membership Conferences: Region 13, Berkeley, Calif., June 10-14; Region 12, Houston, Tex., July or August; Region 9, Chicago, Nov. 11-15.

AMERICAN COLLEGE OF OSTEOPATHIC HOSPITAL ADMINISTRATORS, St. Louis, Oct. 26.

AMERICAN HOSPITAL ASSOCIATION, national convention, Convention Hall, Atlantic City, N.J., Sept. 30-Oct. 3.

AMERICAN OSTEOPATHIC HOSPITAL ASSOCIATION, St. Louis, Oct. 27-30.

AMERICAN SOCIETY OF MEDICAL TECHNOLOGISTS, Palmer House, Chicago, June 22-29.

AMERICAN SOCIETY OF X-RAY TECHNICIANS, international convention, Sheraton Park Hotel, Washington, D.C., June 8-13.

ARKANSAS HOSPITAL ASSOCIATION, Marion Hotel, Little Rock, May 23-25.

ASSOCIATION OF WESTERN HOSPITALS, Statler Hotel, Los Angeles, May 6-9.

BRITISH COLUMBIA HOSPITALS' ASSOCIATION, Vancouver Hotel Vancouver, Oct. 15-18.

CALIFORNIA HOSPITAL ASSOCIATION, Lafayette Hotel, Long Beach, Oct. 30-Nov. 1.

CANADIAN HOSPITAL ASSOCIATION, Bessborough Hotel, Saskatoon, Sask., May 27-29.

CATHOLIC HOSPITAL ASSOCIATION, Statler Hotel, Cleveland, May 27-30.

COMITÉ DES HÔPITAUX DU QUÉBEC, Montreal Show Mart, Montreal, Quebec, June 24-26.

CONNECTICUT HOSPITAL ASSOCIATION, Conn. Light & Power Co., Berlin, Conn., Nov. 13.

HOSPITAL ASSOCIATION OF NEW YORK STATE, Hotel Claridge, Atlantic City, N.J., May 22-24.

HOSPITAL ASSOCIATION OF PENNSYLVANIA, Convention Hall, Atlantic City, N.J., May 22-24.

INDIANA HOSPITAL ASSOCIATION, Student Union, Univ. of Ind. Medical Center Campus, Indianapolis, Oct. 9, 10.

INTERNATIONAL HOSPITAL FEDERATION, Lisbon, Portugal, June 3-7.

KANSAS HOSPITAL ASSOCIATION, Broadway Hotel, Wichita, Nov. 14, 15.

MAINE HOSPITAL ASSOCIATION, Samoset Hotel, Rockland, June 11, 12.

MARYLAND DISTRICT OF COLUMBIA-DELAWARE HOSPITAL ASSOCIATION, Hotel Shoreham, Washington, D.C., Nov. 6-8.

MASSACHUSETTS HOSPITAL ASSOCIATION, Hotel Statler, Boston, May 9.

MICHIGAN HOSPITAL ASSOCIATION, Grand Hotel, Mackinac Island, June 21, 22.

MIDDLE ATLANTIC HOSPITAL ASSEMBLY, Convention Hall, Atlantic City, N.J., May 22-24.

MISSISSIPPI HOSPITAL ASSOCIATION, Hotel Buena Vista, Biloxi, Oct. 9-11.

NATIONAL GERIATRICS SOCIETY, Hotel Statler, Washington, D.C., June 11-13.

NEBRASKA HOSPITAL ASSOCIATION, Cornhusker Hotel, Lincoln, Oct. 17, 18.

NEW JERSEY HOSPITAL ASSOCIATION, Convention Hall, Atlantic City, May 22-24.

ONTARIO HOSPITAL ASSOCIATION, Royal York Hotel, Toronto, Oct. 28-30.

SOUTH DAKOTA HOSPITAL ASSOCIATION, fall meeting, Sheraton Cataract Hotel, Sioux Falls, Oct. 15, 16.

TENNESSEE HOSPITAL ASSOCIATION, Mountain View Hotel, Gatlinburg, May 30-June 1.

TEXAS HOSPITAL ASSOCIATION, Shamrock-Hilton Hotel, Houston, May 14-16.

UPPER MIDWEST HOSPITAL CONFERENCE, Auditorium, Minneapolis, May 22-24.

VERMONT HOSPITAL ASSOCIATION, Long Trail Lodge, Pico Peak, Rutland, Oct. 18.

VIRGINIA HOSPITAL ASSOCIATION, Hotel Chamberlin, Old Point Comfort, Nov. 15, 16.

WEST VIRGINIA HOSPITAL ASSOCIATION, Greenbrier Hotel, White Sulphur Springs, Aug. 1-3.



QUIK QUIZ

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Editor Given Nurses' Award

NEW YORK.—Nell V. Beeby, retiring executive editor of the *American Journal of Nursing*, has been given the Mary Adelaide Nutting award for outstanding leadership and achievement in nursing. The award, first made in 1944, is presented by the National League for Nursing.



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Home Care Successful, Doctors' Study Reports

KANSAS CITY, MO.—Home care following uncomplicated surgery has definite advantages, according to a study made by Dr. Samuel D. Kron, Philadelphia, and Dr. Victor Satinsky, Los Angeles.

The patient's convalescence is shorter and more pleasant, the family doctor is given a more prominent part in the care of his patient, the family and employer get the patient back sooner, and the hospital has more beds available, the doctors reported in the March issue of *GP* magazine.

Six conditions determine whether home care is advisable, the doctors said: (1) The patient must be in good general health; (2) the operation must have been uncomplicated; (3) the patient must be comfortable, ambulatory and eating; (4) there must be no local or systemic evidences of infection; (5) there must be someone at home to watch and care for the patient, and (6) a family physician must be available to check the patient, change dressings, remove sutures, and administer sedatives or antibiotics if necessary.

It also must be made clear that the

surgeon will be available at all times, both for phone and bedside consultation. If complications arise, the patient can be rehospitalized. In the experience of Drs. Kron and Satinsky, this has occurred only once in several hundred cases.

Early discharge of children is especially important, because children can be deeply affected by separation from their family and are much happier at home, the doctors said.

Housekeepers Meet to Plan N.E.H.A. Western District

SEATTLE.—Representatives from the Southern California, San Francisco, Cascade and Puget Sound chapters of the National Executive Housekeepers Association met here recently to organize a western district.

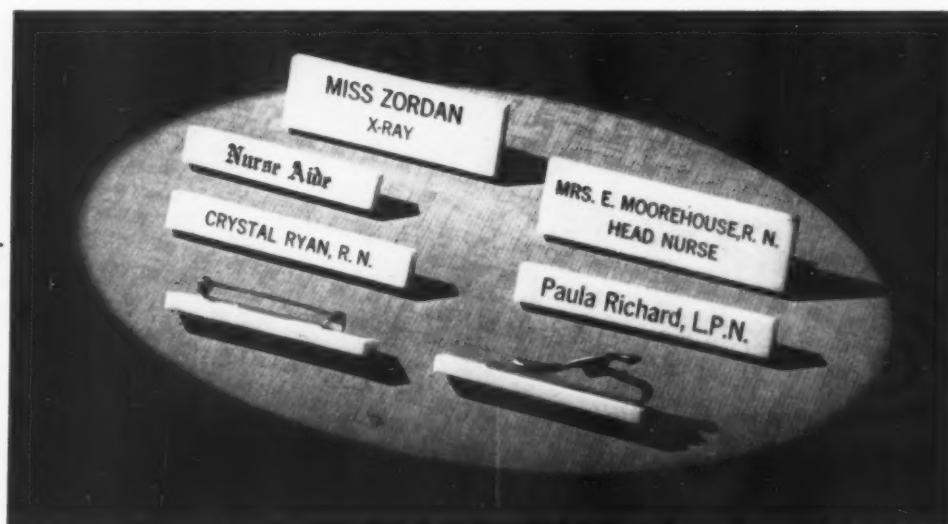
Officers appointed were: governor, Margaret Cox, Puget Sound chapter; vice governor, Mary Webb, Southern California; 2d vice governor, Margaret Nelson, Cascade; treasurer, Erros Copsy, San Francisco; secretary, Lillian LaChappelle, Puget Sound. Mildred Chase, national board member from Southern California, installed the officers.

No Reduction in Hometown Medical Care Plan, Says V.A.

WASHINGTON, D.C. — Reports that the Veterans Administration is abandoning its hometown medical care program in Michigan or elsewhere were denied here by Dr. William S. Middleton, chief medical director of the Veterans Administration. He added that no reduction is planned in this program for veterans with service-connected disabilities.

The reports apparently arose from a misunderstanding of V.A. contract provisions under negotiation in eight states and Hawaii to speed up hometown medical care to eligible veterans and eliminate duplication of work, Dr. Middleton said. The states are California, Colorado, Michigan, North Carolina, Oregon, South Dakota, Washington and Wisconsin.

The new contracts in seven of these states and in Hawaii will be with Blue Cross-Blue Shield organizations that serve as intermediaries between the V.A. and state medical societies in providing hometown care by private physicians for eligible veterans. In South Dakota, the contract will be directly with the state medical association, he said.



Name Pins and Name Clasps for Identification of Persons

The illustration is a reduced-size picture of some of our name pins and name clasps. The wide ones are three fourths of an inch in width. The narrow ones are three eighths. The length of either will be according to the lettering to be on it. We have many other styles of lettering. The plastic and the lettering can be ANY desired color. The metal pin on the back has a safety catch.

Name pins in either width with one line of lettering are 60 cents each, postpaid. Wide pins with two lines of lettering are 90 cents each. Name clasps, right handed for men and left for women, are 15 cents more than for name pins. There is no discount. Any name pin or name clasp that becomes damaged, regardless of cause, will be replaced free.

Sterling Name Tape Co., 57 Railroad Ave., Winsted, Conn. (Established 1901)

Name tapes in great variety and a number of nurses' name-on articles. Ask for price lists.

Fewer Students Enroll at Schools of Nursing

NEW YORK. — The number of new students entering schools of professional nursing dropped by more than 600 last year, while admissions to schools of practical nursing remained steady, according to John H. Hayes, chairman of the committee on careers, National League for Nursing.

The professional nursing schools in the U.S. and its territories enrolled 45,839 new students, as compared with 46,498 the previous year. This was the first year since 1952 that admissions declined. Practical nursing programs admitted some 15,500 new students in 1955-56.

Ford Announces Final Grant

NEW YORK. — The Ford Foundation has announced the final payments in its \$200 million program to improve and extend community hospital services in the 48 states, Alaska, Hawaii and Puerto Rico. The last grant totaled \$98,315,300, given to 3300 private hospitals.

Plan Children's Hospital

ANN ARBOR, MICH.—Preliminary plans are nearly complete for a new Children's Hospital, to be constructed as a part of the University of Michigan Medical Center here. The 200 bed hospital, costing an estimated \$6.7 mil-



Dr. James L. Wilson, left, chairman, department of pediatrics and communicable diseases at the University of Michigan, and Dr. Albert C. Kerlikowske, director of University Hospital, examine model of Children's Hospital.

lion, will be constructed adjacent to the 75 bed Children's Psychiatric Unit which opened in December 1955. University officials said the new unit will give the state its first children's medical center providing total care.

The new Hill Rom No. 42-No. 43

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No. 42 Special Therapy Bed: Head and footboard panels are made of wood with stainless steel protective strips. Both ends removable.



No. 43 Special Therapy Bed: Head and foot ends are made of heavy gauge but light weight aluminum. Both ends removable.

● In the treatment of severe accidental injury cases the Hill-Rom No. 42—No. 43 Bed may be converted to an emergency treatment table. Transfer of the patient to the X-Ray department or operating room may be effected easily, quickly, safely.

This bed may also be used as an operating table for eye patients—the patient remaining in the bed for post-operative care and treatment.

The Labor Bed may be used as an examining table and can quickly be converted for use in an emergency delivery. The foot end can be removed and standard knee crutches inserted in the foot-end sockets when the bed is to be used for this purpose.

Each of these beds comes equipped with an IV rod, which is stored under the head section of the spring. There are six different locations for the use of the IV rod.

Procedure Manual No. 2, by Alice L. Price, R.N., M.A., author of "The Art, Science and Spirit of Nursing," explains in detail the many different uses of the Hill-Rom Special Therapy—Labor-Recovery Bed, how to use and care for the bed, etc. Copies for student nurses and graduate nurse staff will be sent on request.

HILL-ROM COMPANY, INC., BATESVILLE, INDIANA

ABOUT PEOPLE

(Continued From Page 80)

Dr. Earl P. Brannon, manager of the V.A. hospital at Perry Point, Md., has been transferred to the V.A. hospital at Coatesville, Pa., succeeding **Dr. Henry Luidens**, whose appointment as director of the Lima State Hospital, Lima, Ohio, was announced in the March issue of *The Modern Hospital*. Succeeding Dr. Brannon will be **Dr. Lee G. Sewall**, manager of the Leech Farm

Road V.A. hospital in Pittsburgh. **Dr. Edward R. Bennett**, director of professional services at the V.A. center in Biloxi, Miss., will be reassigned as manager of the Pittsburgh hospital.

Department Heads

Harold G. Golla Jr. has been appointed director of personnel and public relations for Borgess Hospital, Kalamazoo, Mich. As an officer in the marine corps, he served as liaison officer and recorder for the physical evaluation board, U.S. Naval Hospital, Camp Lejeune, N.C.

Rosemary Neagle has been named chief dietitian of Norwalk Hospital, Norwalk, Conn. A foods and nutrition graduate of the College of St. Elizabeth, Miss.



Rosemary Neagle

Neagle has been an assistant administrative and therapeutic dietitian at Waterbury Hospital, Waterbury, Conn.; assistant administrative dietitian at New York Hospital, New York, and nutritionist and home service representative for various Connecticut firms.

James H. Corbett has been named office manager of Pontiac General Hospital, Pontiac, Mich. Mr. Corbett, who has served as accountant and office manager for several firms, received his master's degree in business education from the University of Tennessee.

Harry O. Humbert

has been appointed controller and assistant treasurer of Roosevelt Hospital, New York, succeeding **Ralph A. Lorini**, who resigned to resume his career in industry. Mr. Lorini will continue as a consultant for the hospital. Mr. Humbert, who is now controller and assistant treasurer of Johns Hopkins University Hospital, Baltimore, served as vice chairman of the A.H.A. committee on accounting and statistics.



Harry O. Humbert

Miscellaneous

Margaret G. Arnstein

has been named chief of public health nursing for the U.S. Public Health Service, succeeding **Pearl McIver**, who will become executive director of the *American Journal of Nursing* on August 1. Miss Arnstein, who holds degrees in nursing and public health from Columbia and Johns Hopkins University, joined the Public Health Service in 1946 and became chief of the division of nursing resources in 1949. She is co-author of the book "Communicable Disease Control." **Appollonia O. Adams**, now deputy chief of the division of nursing resources, will succeed Miss Arnstein.



Margaret G. Arnstein

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Roger Klein has been appointed director of the Association of University Programs in Hospital Administration project for administrative research, under a grant from the U.S. Public Health Service. Mr. Klein also has been named assistant professor of hospital administration at the University of Pittsburgh, where the research project is being conducted. A graduate of the University of Chicago's program in hospital administration, he served as assistant superintendent of City Hospital, Cleveland, for five years.



Roger Klein

Eugene B. Wait has been named associate director of the hospital law research project now being conducted by the graduate school of public health at the University of Pittsburgh. Mr. Wait is a graduate of the hospital administration course at the University of Minnesota and served his administrative residency at Mount Sinai Hospital, Minneapolis. He also was associated with Holy Cross Hospital, Detroit.



Eugene B. Wait

Dr. John R. McGibony, professor of hospital and medical administration in the University of Pittsburgh's graduate school of public health, has been appointed a consultant to the Rockefeller Foundation in a study of educational and hospital matters in several foreign countries this summer. A major part of the study will be done in India and Burma, although hospitals and universities will be visited in England, France, Italy, Baghdad, Bangkok, Saigon, Hong Kong, Tokyo and Honolulu.

The Rev. Walter C. Eyster has been named director of personnel and institutional-church relations for the Methodist Board of Hospitals and Homes. Rev. Eyster has been pastor of several Ohio churches and has served as chairman of the Ohio Conference Board of Hospitals and Homes.



Rev. Walter C. Eyster

Dr. Stewart T. Ginsberg, chief of the psychiatry division in the Veterans Ad-

ministration central office, Washington, D.C., has been appointed commissioner of mental health for Indiana. He also will hold an appointment as professor of psychiatry at the Indiana University School of Medicine in Indianapolis. Dr. Ginsberg is a diplomate of the American Board of Psychiatry and Neurology and a fellow of the American Psychiatric Association and American Medical Association.

Deaths

Dr. Thomas P. Murdock, 69, a member of the American Medical Association

board of trustees since 1950, died April 1 in Meriden, Conn. Dr. Murdock became a member of the A.M.A. House of Delegates in 1937 and served continuously until his election to the board of trustees. He was a member of the A.M.A. Judicial Council in 1949 and 1950.

Dr. O. Arnold Kilpatrick, 55, senior director of Hudson River State Hospital, Poughkeepsie, N.Y., died March 24 of a heart attack. He had headed the hospital since 1950 and inaugurated a day-care center there for psychiatric patients. (Cont. on p. 208)

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Edmund P. Zehr, administrator of Mennonite Deaconess Home and Hospital in Beatrice, Neb., since 1950, died in March at the age of 34. He was a trustee of the Nebraska Hospital Association.

Sally M. Johnson, 76, superintendent of nurses and principal of Massachusetts General Hospital's school of nursing in Boston for 26 years, died March 24. Miss Johnson, who retired in 1946, was a member of the board of directors of the National League for Nursing, American Nurses' Association, and *American Journal of Nursing*.

Sister Roberta Swanick, former administrative assistant at Benedictine Hospital, Kingston, N.Y., died February 22 at the age of 32.

CORRECTION

It was incorrectly reported in the February issue of *The Modern Hospital* that **Arnold Hanson** had been appointed administrator of North Broward General Hospital, Fort Lauderdale, Fla. Mr. Hanson was named administrator of Provident Hospital in Fort Lauderdale. **Robert M. Gantt Jr.** is administrator of the General Hospital.

Study Finds Child Needs Reason for Hospital Stay

CHICAGO. — A study of 100 hospitalized children between the ages of three and 15 years has shown that most of them were frightened and confused about why they were in a hospital, mainly because the reasons had not been explained adequately. The study appeared in a recent issue of *Archives of Diseases of Children*.

The authors, Dr. Helen Gofman, Wilma Buckman and Dr. George Schade, of the Pediatric Mental Health Unit at the University of California Medical Center, San Francisco, found that only 25 children were able to give a good explanation and use medical terms which they understood. These children seemed happier and more cooperative and demonstrated that children are able to understand when reasons for their hospitalization are given in simple terms, it was explained.

Twenty-six children who had been given no preparation for their hospitalization showed considerable confusion about why they were there. Others had been given vague reasons or had overheard talk of symptoms or diagnoses which they did not understand.

The authors pointed out that children are quite observant during an examination; if the physician seems especially interested in some aspect, they are sure something is wrong.

Many areas of hospital routine can be modified to ease the child's fear, the study pointed out. Painful procedures should be conducted in treatment rooms separated from other children, and ward examinations should be done with an awareness that the child is "an understanding individual with feelings," the authors said.

Abuses Lead New York to Close Veterans' Camp

ALBANY, N.Y.—New York State has decided to close its Veterans' Camp at Mount McGregor because it has turned into a "vacation resort for the fortunate few," according to Paul H. Appleby, state budget director.

The home, which cost the state nearly \$1 million annually to operate, will be closed July 1. The institution was acquired in 1945 as a rest camp for World War II veterans but has "outlived its usefulness," the budget director said. He has suggested that the home be converted into a mental hygiene facility.

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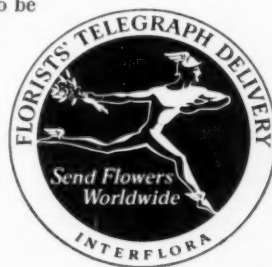
A high point of the recent Boston Convention of the Florists' Telegraph Delivery Association was the awarding of a nursing scholarship to Miss Sally Jacobs, a student at Simmons College, Boston, Massachusetts.

The happy gentleman making the presentation is Mr. Victor Stein, Past President of the

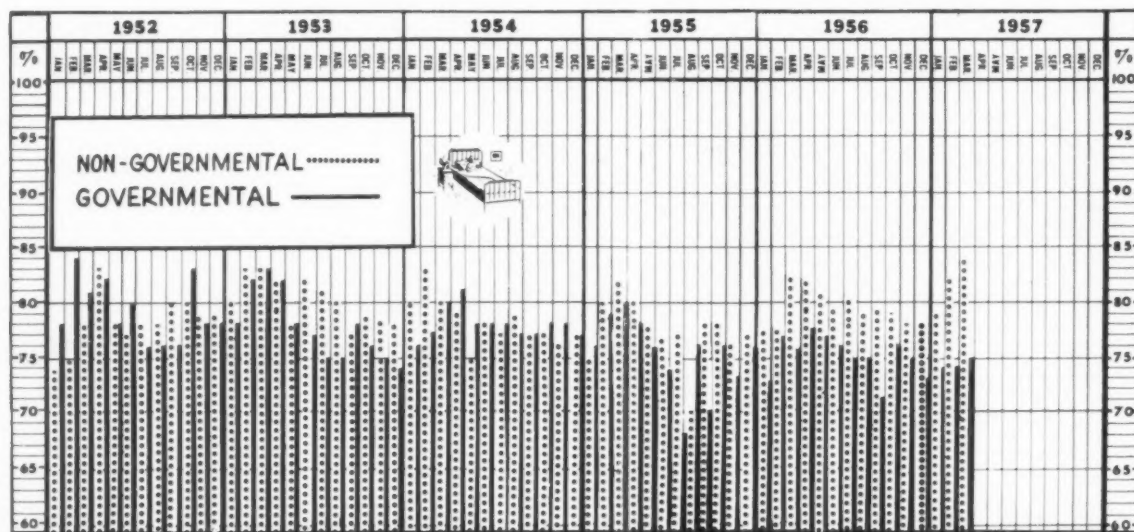
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Again, congratulations, Sally Jacobs! F.T.D.A. is proud of you and proud to be a part of America's nurse-training program.

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Hospital Construction Through April 15 Totals \$225,432,070



Occupancy of government hospitals during the month of March was 74.5 per cent, according to reports to the Occupancy Chart. Voluntary hospitals reported occupancy at 83.6 per cent of capacity. For March 1956 percentages

reported were 81.6 and 83.8, respectively.

For the period March 3 through April 15, construction totaled \$93,658,320, bringing the year's total to date to \$225,432,070. New construc-

tion for this period last year was \$62,347,740, aggregating \$185,063,230 to April 15, 1956. Of the current 88 projects, 20 are hospitals, 64 are additions to existing facilities, two are alteration projects, and two, nurses' homes.

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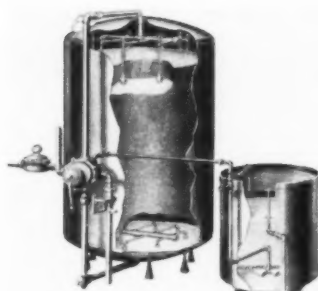
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ADMINISTRATOR—FACHA; presently employed in a four hundred bed hospital desires to make a change to a similar post; extensive experience in construction; planning new facilities, methods improvement, cost reduction, personnel and public relations programs; only interested in hospital desiring progressive management and looking ahead for the future. Apply MW 188, The Modern Hospital, 919 North Michigan Avenue, Chicago 11, Illinois.

ADMINISTRATOR OR ASSISTANT—Master's degree in Hospital Administration; heavy experience in cost reduction through methods improvement; hospital planning and construction; excels in personnel and public relations; solid background in medical sciences; currently employed but readily available. Reply MW 191, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

ASSISTANT ADMINISTRATOR—Female; age 27; B.S. Pharmacy; M.P.H. Yale University Hospital; experience. Apply MW 137, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

DIETITIAN—A.D.A.; wishes to share services with two or more small hospitals; no teaching. Apply MW 189, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

PATHOLOGIST—Certified in pathologic anatomy and clinical pathology; age 40; 8 years experience supervising general hospital laboratory; desires general hospital in pleasant community desiring a good clinical laboratory and conscientious honest anatomic work. Apply MW 190, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.



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PATHOLOGIST—1 year, chief, laboratory service, 350-bed teaching hospital; 3 years teaching, pathology; 2 years, assistant pathologist, 1000-bed university medical center; exceptionally qualified and interested hematologist.

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RADIOLOGIST—1 year, fellow and instructor, important university cancer research hospital. 14 months, research assistant, radiological therapy, teaching hospital; qualified, super-voltage therapy; prefers radiological therapy under academic circumstances; or hospital radiology (diagnosis, therapy) with private practice; early 30's; Diplomate, both branches.



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ADMINISTRATOR—B.S. (Cum Laude); M.H.A.; six years, administrator, 250-bed hospital, preceptor in Hospital Administration, two universities.

ADMINISTRATOR—Medical; Master's (Public Health); 5 years' administration, public health field; 9 years' experience in hospital administration, serving as director, large voluntary hospital.

ASSISTANT—B.S. (Business Administration); M.H.A.; since completing residency, teaching hospital, has served as its personnel director, lecturer and coordinator, Program in Hospital Administration.

ADMINISTRATOR—R.N.; graduate, teaching hospital; six years' experience as anesthetist; recently completed administrative residency receiving M.H.A. from medical school program.

FOOD SUPERVISOR—B.S. (Major: Institutional Management & Home Economics); 10 years' experience.

PERSONNEL DIRECTOR—B.S. (Major, Personnel Relations); four-years, personnel director, 400-bed hospital.

PATHOLOGIST—Diplomate, 4 years, associate pathologist, teaching hospital and on faculty of medical school as associate professor.

RADIOLOGIST—M.S. (Radiology); 4 years, group association; Diplomate.

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ASSISTANT ADMINISTRATOR—Age, 30; M.H.A. Degree, 1953; 2 years administrative assistant, 300-bed Ohio hospital; 2 years business manager, 125-bed hospital.

INTERSTATE—Continued

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ADMINISTRATOR—Centreville Township Hospital of East St. Louis, Illinois, a 125-bed hospital, is now under construction; they are ready to employ an administrator; interested applicants apply to Francis Touchette, Chairman of Hospital Board, 4831 Bond Avenue, East St. Louis, Illinois.

ANESTHESIOLOGIST—400-bed general hospital, located in mid-west desires an anesthesiologist to assume some administrative duties and be available for anesthetics. Apply MO 191, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

ANESTHETIST—Nurse; male; salary open, no night calls; living accommodations available for single man, at nominal fee. Apply Administrator, Alexian Brothers Hospital, 1200 Belden Avenue, Chicago 14, Illinois.

ANESTHETIST—Nurse; position open in 134-bed general hospital; salary and living conditions very desirable; room, laundry and insurance benefits furnished in addition to salary; location on the east side of St. Paul with convenient transportation to the downtown area; two other anesthetists on duty with a minimum amount of call. Write E. M. Garnett, Superintendent, Mounds Park Hospital, 200 Earl Street, St. Paul 6, Minnesota.

ANESTHETIST—Nurse; for employment in 200-bed accredited hospital in central Pennsylvania; industrial and farming area; modern hospital; department staffed by four nurse anesthetists and certified M.D. Write Administrator, Lewistown Hospital, Lewistown, Pennsylvania.

ANESTHETISTS—Nurse; AANA members; \$400-475 per month; 400-bed general hospital, excellent working conditions, liberal personnel policies; T.O., 16 anesthetists and one anesthesiologist. Write Personnel Director, The Queen's Hospital, Honolulu, Hawaii.

ASSISTANT MEDICAL DIRECTOR—114-bed tuberculosis hospital, salary \$8500—\$9500, complete maintenance. Apply Medical Director & Superintendent, District Four Tuberculosis Hospital, Ashland, Kentucky, or State Tuberculosis Hospital Commission, New State Office Building, Frankfort, Kentucky.

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ASSOCIATE DIRECTOR—635-bed medical center nursing school, 3 year diploma program, no affiliations; Master's degree; salary excellent. Write Director, Albany Medical Center, School of Nursing, Albany, New York.

ASSOCIATE DIRECTOR OF NURSING—650-bed general hospital located in industrial city (300,000 population); all new facilities, hospital opened in 1954; experience required; Masters degree in Nursing Service Administration preferred. Write Director of Nursing, Miami Valley Hospital, Dayton 9, Ohio.

ASSOCIATE DIRECTOR OF NURSING SERVICE—Responsible for nursing service in 300-bed nonprofit hospital, Los Angeles Metropolitan area; prefer candidate with preparation and/or experience in nursing service administration; salary based on qualifications: 40 hour week, Blue Cross-Blue Shield insurance available; 21 days vacation, 6 paid holidays, sick leave; live in if desired. Write to MO 193, The Modern Hospital, 919 North Michigan Avenue, Chicago 11, Illinois.

DIETITIAN—A.D.A., B.S. degree and experience required; 5 day week, 4 weeks vacation, 2 weeks sick leave, 6½ holidays, social security, group insurance; 275-bed hospital in college town midway between Detroit and Chicago; salary open. Apply MO 181, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

DIETITIAN—Assistant; Tucson, Arizona; 150-bed county hospital. Apply to Administrator Pima County Hospital, Tucson, Arizona.

DIETITIAN—Administrative; for food production and distribution in 400-bed general community hospital with 100-bed pediatric unit; early advancement to more responsible position possible for right person; 40 hour work week, liberal benefits; salary commensurate with experience and responsibility. Apply Personnel Department, Iowa Methodist Hospital, Des Moines, Iowa.

DIETITIAN—Therapeutic; A.D.A. member, for 160-bed general hospital; good personnel practices. Apply Frederick Memorial Hospital, Frederick, Maryland.

DIETITIANS—Therapeutic; large teaching hospital, 6 units affiliated with Washington University School of Medicine; monthly staff salaries begin at \$300 based on a 40 hour week; due to the need for more professional dietetic hours in the medical center, dietitians are allowed overtime work and are paid at an hourly rate based on monthly salaries; two weeks vacation; social security; Blue Cross. Apply, Director of Dietetics, Barnes Hospital, 600 South Kingshighway, St. Louis 10, Missouri.

DIETITIAN—Assistant; preferably with therapeutic experience and considerable experience in personnel management; salary open; 40-hour week, liberal fringe benefits, position immediately available; hospital located in heart of beautiful Niagara County, New York—about 20 miles north of Buffalo and 18 miles east of Niagara Falls. For full information write Miss Betty Hall, Chief Dietitian, Lockport Memorial Hospital, Lockport, New York.

DIETITIAN—First assistant; new position; residential city near Cleveland; general hospital of 117-beds, expanding to 170-beds; beginning in 1958, further expansion of 150-beds on a separate site; residence available. Apply Lake County Memorial Hospital, Painesville, Ohio.

DIETITIAN—Staff; therapeutic A.D.A. member to supervise tray service and related employees and patient contact for hospital completing expansion to 500-beds; entirely new department; dietetic program integrated with approved school of nursing; affiliated with medical research institute sick leave, social security, hospitalization insurance, 40 hour week, 2 weeks vacation, 6 holidays, etc. Contact Miss Rosemary Brown, Dietitian Director, Toledo Hospital, Toledo 6, Ohio, or telephone collect to Lawnsale 1121.

DIETITIAN—Administrative, assistant to chief; for a 306-bed teaching hospital with diagnostic clinic; a large full-time medical staff and house staff, salary open, progressive personnel policies. Apply Chief Dietitian, Geisinger Memorial Hospital and Foss Clinic, Danville, Pennsylvania.

DIETITIAN—Therapeutic, assistant to chief; for a 306-bed teaching hospital with diagnostic clinic; a large full-time medical staff and house staff, salary open, progressive personnel policies. Apply Chief Dietitian, Geisinger Memorial Hospital and Foss Clinic, Danville, Pennsylvania.

DIETITIAN—A.D.A.; therapeutic; 160-bed general hospital, college town, 20 miles west of Milwaukee; major expansion program to be started in spring of 1957; modern dietary department completely remodelled in 1954-55. Apply Personnel Department, Waukesha Memorial Hospital, Waukesha, Wisconsin.

DIRECTOR—Personnel; large hospital research center; 1,000 employees; good salary and working relations; organize new program; experience required. Write MO 187, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

DIRECTOR OF NURSES—100-bed hospital now being enlarged to 180-beds; adequate training and experience required; salary open. Apply Administrator, Municipal Hospital, Virginia, Minnesota.

DIRECTOR OF NURSING EDUCATION—Man or woman; J.C.A.H. approved; 220-beds; B.S. in Education, Masters preferred; experience; liberal personnel policies; salary open with meals; diploma program; also nursing arts instructor, B.S. or working toward it. Write Director of Nursing, P.O. Box 529, Orangeburg, South Carolina.

DIRECTOR OF NURSING SERVICE—New 105-bed general hospital to open January '58; position available mid-summer 1957; degree preferred; opportunity to organize new department; hospital located in college town of 45,000, metropolitan area 100,000, in east-central Wisconsin, 100 mi north of Milwaukee, near Lakes Michigan & Winnebago and North-western vacation land; salary open. Apply to Administrator, Appleton Memorial Hospital, Appleton, Wis.

DIRECTOR OF VOLUNTEER PROGRAM—For 230-bed general hospital; excellent opportunity for mature professional women with experience in hospital administration or nursing service to initiate and implement expanding volunteer program; liberal personnel policies; excellent maintenance available at minimum charge; salary open. Apply Administrator, United Hospital, Boston Post Road, Port Chester, New York.

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experience and qualification; midwest location. Apply MO 189, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

EDUCATIONAL DIRECTOR—Masters Degree and experience in teaching desirable; salary open, liberal personnel policies including 40 hour week, all cash salary, pension plan in addition to social security and hospitalization; living quarters available if desired; admit one class a year; three year diploma program; 300-bed hospital, 89 students; basic sciences taught at New Jersey Teacher's College; position open May 1957. Apply to Director of Nursing, The Mercer Hospital, Trenton, New Jersey.

INSTRUCTOR—Clinical; for obstetrical nursing; for expanding, modern hospital and school of nursing; Bachelor's degree required and experience in teaching and supervision desirable; attractive salary, sick leave, and four weeks vacation. Apply Personnel Director, Methodist Hospital, Gary, Indiana.

INSTRUCTOR—Clinical; in obstetrical nursing for both formal and clinical teaching; B.S. Degree and experience in teaching desirable; faculty being increased; liberal personnel policies; salary dependent upon qualifications and experience; admit one class a year, three year diploma program; 300-bed hospital, 89 students, position open for immediate appointment. Apply to Director of Nursing, The Mercer Hospital, Trenton 8, New Jersey.

INSTRUCTOR—Nursing Arts; B.S. Degree and experience in teaching desirable; salary dependent upon background and experience; liberal personnel policies; admit one class a year; three year diploma program; 300-bed hospital, 89 students; position open; have full time assistant instructor in this area. Apply to Director of Nursing, The Mercer Hospital, Trenton 8, New Jersey.

INSTRUCTOR—Obstetric nursing; in a fully accredited school of nursing; 170 students, 350-bed hospital in large metropolitan city with educational and cultural advantages; college affiliation; housing available; liberal personnel policies; salary open. Apply MO 180, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

INSTRUCTOR—Psychiatric nursing; B.S. Degree required; \$3300 yearly salary; furnished apartment, meals and laundry, 40 hour, 5 day week, paid vacation, 7 holidays and liberal sick leave; approximate starting date April 15. Apply Personnel Office, Mental Health Institute, Independence, Iowa.

INSTRUCTOR—Science; required by McKellar General Hospital, Fort William, Ontario; duties to commence early in August 1957; salary schedule \$270-\$300, additional recognition for experience; good personnel policies. Apply Director of Nursing.

LIBRARIAN—Registered record; for new 300-bed hospital; full charge in setting up new installation; located 30 minutes from New York City. Write stating education and experience. MO 170, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Ill.

LIBRARIAN—Medical records; to head large department in new 516-bed cancer research hospital; excellent opportunity; good salary and working conditions; qualifications: registration or graduate of approved school and at least one year experience. Write Box MO 177, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

LIBRARIAN—Medical record; registered to assume charge of record room; 135-bed general hospital; 40 hours; salary open. Contact Miss G. A. Cooper, Woman's Hospital, Cleveland 6, Ohio.

(Continued on page 216)

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LIBRARIAN—Registered medical record; to head department in new Teaching Hospital located in midwest college town; 200-beds at present but with facilities to expand to over 400-beds. In reply state training, experience, and salary desired. Apply MO 188, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

MISCELLANEOUS—Wanted Biochemist, also Laboratory Technologist; 250-bed hospital; salaries open. Apply MO 171, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

MISCELLANEOUS—Staff, Head Nurse and Supervisory positions; staff and head nurse positions in all clinical areas including psychiatry, tuberculosis and respiratory center; assistant directors of nursing service, evening and night, and second assistant day assignment in new 800-bed, air conditioned hospital; 40 hour week; 3 weeks vacation annually; beginning salary, staff nurses, \$275; head nurses, \$325 monthly; periodic increments; opportunity for college study through bachelor's degree program. Write Director of Nursing Service, Eugene Talmadge Memorial Hospital, Medical College of Georgia, Augusta, Georgia.

MISCELLANEOUS—Nurses; Operating Room; Clinical Instructor and Staff Nurses; for teaching hospital within walking distance of Columbia University; salaries and personnel policies comparable to other hospitals in area. Write Director of Nursing, Box P, St. Luke's Hospital, New York 25, New York.

MISCELLANEOUS—Clinical Instructors; medical, surgical, obstetric and pediatric nursing; Supervisor, orthopedics and psychiatry; Staff Nurses; new modern hospital, progressive administration; excellent opportunity for qualified instructors; salary commensurate with qualifications. Apply to Nurse Administrator, Methodist Hospital, Lubbock, Texas.

MISCELLANEOUS—Assistant Superintendent; Night Supervisor; Floor Duty Nurses, for 35-bed general hospital; 50 miles from Toronto Ontario; living accommodations in residence. Apply to Superintendent The Stevenson Memorial Hospital, Alliston, Ontario.

NURSES—General duty; interesting work and environment, salary and quarters excellent. Write Maynard MacDougall Memorial Hospital, Nome, Alaska.

NURSES—General duty; to commence as soon as possible; salary \$220 per month less \$45 for full maintenance in new modern residence; 40 hour week, 28 days vacation after 1 year service, 10 statutory holidays; fare refunded up to \$40 after 1 year service. Apply Chas. F. Collins, Administrator, General Hospital, Golden, B.C.

NURSES—Graduate: New York University Medical Center offers full-time work in all services at its university hospital at a starting salary of \$290, month; planned increments starting after 6 months of service; \$40 and \$20 premiums for evening and night duty, 4 weeks vacation, paid holidays, liberal personnel benefits including a free tuition plan at New York University which gives you excellent opportunities to earn a degree or take special advanced courses while you are earning your living. Apply Personnel Department, 550 First Ave., New York City, New York.

NURSE—Head; new central supply unit; experience and organizational ability required; 5 day week, 2 weeks vacation, 2 weeks sick leave, social security, group insurance, 6½ holidays; 275-bed hospital in college town midway between Detroit and Chicago; salary commensurate with responsibility. Apply MO 182, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

NURSES—Operating room and staff; for 227-bed pediatric hospital in sunny California; salary \$300 per month with differential for operating room and evening and night duty; 5 day, 40 hour week; liberal personnel policies including vacation, sick time and retirement. Apply Director of Nursing, Childrens Hospital Society, 4614 Sunset Blvd., Los Angeles 27, California.

NURSE—Operating room; for modern air-conditioned, two room suite, in 52-bed general hospital; 12 days sick leave, 2 weeks vacation annually, paid holidays, annual bonus, 40-hour week; salary open. Apply Director of Nurses, Parkview Hospital, 1920 Parkwood Avenue, Toledo 2, Ohio.

NURSES—Psychiatric; for all shifts in new 27-bed unit in general hospital of 275-beds; experience required; college town midway between Detroit and Chicago; salary commensurate with responsibility. Apply MO 183, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

NURSES—Psychiatric; for supervising psychiatric buildings and attendants; mature, experienced; \$3,000 per year, board, room and laundry available at \$480 per year; social security and pension. Send full information to Director of Nurses, Brattleboro Retreat, Brattleboro, Vermont.

NURSES—Veterans Administration Hospital, Montrose, New York; 1800-bed neuropsychiatric hospital located on the Hudson River, 40 miles from New York City; pleasant nurses residence; openings for men and women professional nurses, minimum annual salary \$4025, 40 hour work week with 30 days vacation plus 8 holidays, 15 days sick leave. Write Chief, Nursing Service, Veterans Administration Hospital, Montrose, New York.

NURSES—Registered staff; in 45-bed pediatric unit; all shifts; 5 day week; liberal policies; college town midway between Detroit and Chicago; salary commensurate with responsibility. Apply MO 184, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

NURSES—Registered staff medical and surgical; all shifts, 5 day week, 2 weeks vacation, 2 weeks sick leave, 6½ holidays, social security and group insurance; college town midway between Detroit and Chicago; salary commensurate with responsibility. Apply MO 185, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

NURSE—Registered; interested in teaching practical nursing; opportunities to develop own program; school not approved at present; desire individual capable of developing program which will meet State approval; small town located in southeast Pennsylvania. Apply MO 144, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

NURSES—Registered; new, well equipped 24-bed hospital in mountain area; good fishing and hunting; logging community of 3,000 population, in northern California; construction of dam on Trinity River Project nearby; surgical, medical and obstetric duty; beginning salary \$300 per month, paid vacation, sick leave and holidays. Reply giving state registration to Helen McChesney, R.N., Director of Nurses, Trinity General Hospital, Weaverville, Cal.

NURSES—Registered; for modern psychiatric hospital in Greens Farms, Connecticut; 1 hour from New York; Hall-Brooke nurses have 8-hour duty, optional 5 or 6 days week, nicely furnished private rooms; excellent salary, 7 paid holidays annually, or equivalent; sick leave; vacation, minimum 2 weeks, maximum 4 weeks dependent on length of service; profit-sharing plan; psychiatric experience not necessary; registered or eligible in State of Connecticut. Apply Mary R. Walsh, R.N., Directress of Nursing, Hall-Brooke, Box 31, Greens Farms, Connecticut. Tel. Westport—Capital 7-5105.

NURSES—Registered; immediate openings; starting salary \$240 month with opportunity for advancement; room, board and laundry annual vacation, liberal sick leave, 40 hour, 5 day week. Apply Personnel Office, Mental Health Institute, Independence, Iowa.

NURSES—Registered; Massachusetts General Hospital, Boston, Massachusetts; excellent clinical facilities, opportunity for advancement and attendance at local colleges; liberal personnel policies. Apply Personnel Department A-10 for further details.

NURSES—Registered; psychiatric hospital; liberal personnel policies; 40-hour week, attractive residence; positions available on all shifts; differential salary for evening and night service. Inquire Director of Nurses, Essex County Overbrook Hospital, Cedar Grove, New Jersey.

NURSES—Registered; are you looking for something new? Staff and assistant head Nurse positions open in beautiful new University of Oregon Medical School Hospital located on hill overlooking Portland, Oregon; medical surgical, pediatric and psychiatric units; excellent opportunities for learning, both in clinical areas and on campus; staff members may take courses at reduced tuition rate (\$3 per quarter hour) leading to baccalaureate or masters degrees at the nursing school on the campus; liberal personnel policies; the northwest is a wonderful place to live and work. Write to Director of Nursing Service for full information. U. of O. Medical School Hospital, 3181 S. W. Sam Jackson Park Road, Portland 1, Oregon.

NURSES—Registered; Excellent benefits including forty-hour week, four weeks vacation annually, assured annual salary increase, shift differential, non-contributory retirement plan and medical coverage; salary \$440.00 to \$6420.00, depending on degree of qualification; here is your chance to answer a challenge and to grow with it. For full details send your name and address to Miners Memorial Hospital Association, Box No. 61, 110 Logan Street, Williamson, West Virginia.

NURSES—Registered; for general duty for 150-bed tuberculosis sanatorium in Bartlett, Alaska; starting salary \$353 per month with a \$10 raise each six months to a maximum base pay of \$383; \$10 extra for evening and night shift; 8 hour day, 40 hour week, 8 to 4, 4 to 12, 12 to 8 shifts; complete maintenance available for nominal sum; new modern nurses residence; also opening for night supervisor. Write to Director of Nurses, Seward Sanatorium, Bartlett, Alaska.

NURSE—Registered; for 36-bed hospital; starting salary \$205 per month; Blue Cross benefits, sick leave, etc. Apply Superintendent of Nurses, Hospital District No. 24, Box 330, Altona, Manitoba.

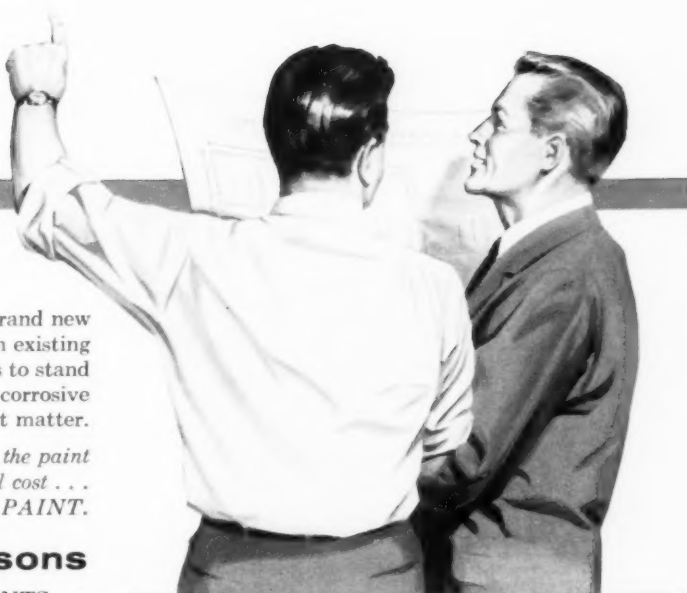
NURSES—Registered; excellent personnel policy, 40 hour week; single room residence; summer resort, population 10,000. Apply Nursing Director, St. Andrews Hospital, Midland, Ontario.

(Continued on page 218)



Paint

most likely to succeed



It could be a first paint job in a brand new building. It could be a repaint job in an existing building. It could be a paint job that has to stand up under heat, humidity or tough corrosive conditions. It doesn't matter.

The paint most likely to succeed . . . the paint that will do the best job at the lowest overall cost . . . is Barreled Sunlight ENGINEERED PAINT.

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Barreled Sunlight ENGINEERED PAINTS are not like ordinary residential-type paints. They are *heavy duty maintenance paints* that are truly engineered to solve problems close to your purse.

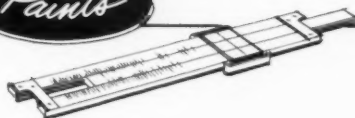
They are "on-the-wall" engineered to give you more yardage, better hiding and lower cost per square foot. They are laboratory and plant engineered to look better and perform better. And they are "service" engineered to stand up under conditions that make less specialized paints fold up and peel away.

Maintenance engineers in charge of large industrial, institutional and commercial buildings . . . men who have dug down deep into the engineering side of painting . . . will tell you that, regardless of the problems involved, the paint most likely to succeed is Barreled Sunlight ENGINEERED PAINT.

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POSITIONS OPEN

NURSING—Staff: annually \$3000 to \$3360 plus two meals daily and uniform laundry, six paid holidays, liberal sick leave and vacation. Apply Director of Nursing, Episcopal Eye, Ear and Throat Hospital, 1147 15th St., N.W., Washington 5, D.C.

NURSES—Staff: for new expanding hospital on Florida's west coast; salaries and personnel policies compare favorably with those in this area; 40-hour week, 4 weeks vacation, no shift rotation; Florida registration required. Apply Supervisor Nursing Service, Manatee Memorial Hospital, Brandon, Florida.

NURSE—Surgical: with administrative experience or ability to perform surgery duties in small general hospital on part time basis and function as superintendent of nurses; dual functions provide interest and exercise of judgment and initiative; a real challenge; salary open; hospital is in Central Valley of California, two hours from San Francisco, and one hour from the mountains; pleasant community of 7,000. If interested, write to Administrator, Lillian Collins Hospital, Turlock, California.

PHARMACIST—Staff: 650-bed teaching hospital. Write I. T. Reamer, Chief Pharmacist, Duke University Hospital, Durham, North Carolina.

PATHOLOGIST—400-bed general hospital has opening for pathologist to assist the department head; hospital located in mid-west city. Apply MO 192, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

PATHOLOGIST—Associate: 434-bed, fully approved hospital, with residency programme; four weeks' annual vacation, five day week, sick benefits, etc.; salary commensurate with qualifications and experience. Please reply fully, giving training, experience, nationality, age, etc., to Secretary, Board of Directors, Royal Columbian Hospital, New Westminster, British Columbia, Canada.

PHYSICAL THERAPIST—Position open in new physical therapy department of modern, fully accredited, hospital; salary open. Apply MO 190, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

SUPERVISOR—O.B.: immediate opening: Degree or Post-Graduate: will be employed as floor supervisor and clinical instructor; salary open; 210-bed hospital; good personnel policies; city of over 60,000; Write or call collect Director of Personnel, Sioux Valley Hospital, Sioux Falls, South Dakota.

TECHNICIAN—Laboratory X-Ray; for 15-bed hospital; salary open. Apply White Mountain Hospital, Springville, Arizona.

TECHNOLOGIST—Laboratory; for a 250-bed hospital in a city of 60,000 population located on Lake Erie; salary open. For details write Pathologist, St. Joseph Hospital, Lorain, Ohio.

TECHNICIANS—Registered laboratory: 150-bed modern general hospital in Central Washington; starting salary \$350.00-\$400.00 depending on qualifications. For details write Pathologist, Yakima Valley Memorial Hospital, Yakima, Washington.

TECHNOLOGIST—Medical registered 160-bed general hospital, college town, 20 miles west of Milwaukee, major expansion program including new department of laboratory medicine to be started in spring of 1957; affiliation with Carroll College for training of medical technologists now in development stage; full time pathologist. Apply Personnel Department, Waukesha Memorial Hospital, 725 American Avenue, Waukesha, Wisconsin.

TECHNICIAN—Laboratory X-Ray; female only; position open June first; 34-bed hospital; working conditions excellent; salary open near Yellowstone National Park. Apply Administrator, St. John's Hospital, Jackson, Wyoming.



The Medical Bureau

M. BURNEICE LARSON—DIRECTOR

Telephone Delaware 7-1030

900 NORTH MICHIGAN AVENUE CHICAGO

ADMINISTRATORS—(a) Medical director: 2 small hospitals; year-round resort community, 2 hours' drive, 3 medical schools; south. (b) Medical: serve as consultant, medical education program; experience in graduate field helpful; some travel. (c) Assistant medical: hospital group; would direct 400-bed unit on own; mid-west. (d) Administrator: community hospital, 325-beds; expansion program; town, 60,000 near university center; midwest. (e) Director of professional services; voluntary general hospital, 450-beds; preferably man, 35-45, degree, considerable experience; \$12,000; east. (f) Administrator, 85-bed general hospital; degree, several years' experience required; California. (g) Assistant: 275-bed general hospital; college town, south; degree, 2 to 4 years' experience required; \$8500-\$10,000. (h) Assistant: 400-bed general hospital; \$4,000,000 building program; midwest. (i) Assistant: 225-bed hospital affiliated medical school; preferably one strong in business administration, accounting; university city, midwest; \$12-\$14,000. MH5-1

ANESTHETISTS—(a) Staff: large Hawaiian Islands hospital near beaches; good salary; transportation arrangement. (b) Two: join group medical anesthesiologists near university cultural center, Ohio; \$525 plus fringe benefits; month vacation. (c) Free lance 2 hospitals, Upper Peninsula, Michigan; excellent summer-winter resort activities. (d) Two: well established group; Iowa college town, to \$8400. MH5-2

DIETITIANS—(a) Chief: no ADA required; 100-bed general hospital; growing Texas city; \$4800. (b) Chief: 250-bed general hospital undergoing reorganization; start \$6000; beautiful suburb; Ohio. MH5-3

DIRECTOR OF NURSING—(a) Director, nursing, 500-bed general hospital; 200 students; top administrative skill required; capable staff; \$8500-\$10,500; midwest. (b) Director nursing service, male or female; 175-bed hospital; graduate staff; resort area on Pacific Ocean; to \$7500. (c) Assistant director nursing service ready to assume directorship brand new 135-bed hospital; suburb, leading midwestern city; to \$7700. (d) Director, school, service; 250-bed general hospital; excellent opportunity, exercise executive ability; university city, New York; \$7000-\$10,000. (e) Director of nursing; manage small hospital outside United States; must speak moderate Spanish; \$6000, maintenance; transportation. MH5-4

EXECUTIVE HOUSEKEEPERS—(a) New 250-bed voluntary hospital; future expansion program; top flight for organization, training; salary commensurate ability; New York City. (b) Male: new 200-bed hospital; college town, south; good opportunity. MH5-5

EXECUTIVE PERSONNEL—(a) Accountant; hospital group; \$7500-\$10,000; university city, east. (b) Comptroller; 300-bed general hospital; university city, southwest. (c) Business manager; 14-man group; midwest. (d) Food supervisor; 600-bed university hospital; south. (e) Director, personnel, public relations; 550-bed hospital, 850 employees; east. (f) Purchasing director; 350-bed general hospital; Master's in Hospital Administration desired, not required; college town, midwest. MH5-6

MEDICAL BUREAU—Continued

FACULTY POSTS—(a) Nurse educator; establish and direct new 4 year collegiate nursing program; excellent facilities available; top salary; south. (b) Associate professor, medical, surgery pediatric; renowned university department nursing; academic year; \$450; near New York City. (c) Science instructor; national accredited school; 250-bed hospital; ideal Connecticut location; salary commensurate experience. (d) Director, school of nursing; 200 students; initiative organization ability important; outstanding opportunity for ambitious person; \$8000; university center, midwest. (e) Fundamentals of nursing; 300-bed hospital; foreign operations; large industrial company; \$9000. MH5-7

MEDICAL RECORD LIBRARIANS—(a) Chief; well integrated, efficient department; 350-bed hospital; \$6000; Greater Manhattan. (b) Chief; 600-bed hospital; 30 days vacation; best year round climate, California; \$5-\$6000. MH5-8

STAFF—Overseas; leading American company; air-conditioned hospital, living quarters; employ golf course, tennis courts, swimming pool; \$7800, paid transportation. MH5-9

SUPERVISORS—(a) Outside United States; assistant director nursing service American owned hospital; working knowledge of Spanish necessary; \$7200; paid air transportation. (b) Psychiatric, male or female; large mental hospital; excellent opportunity advancement, further education, to \$5800. (c) Obstetrics, pediatric, completely responsible for nursing service in departments; no teaching; 350-bed private hospital; \$5000. (d) Emergency room; aid in reorganization, development new disaster plan; progressive university hospital, one month vacation; southwest. MH5-10

OUR 61st YEAR

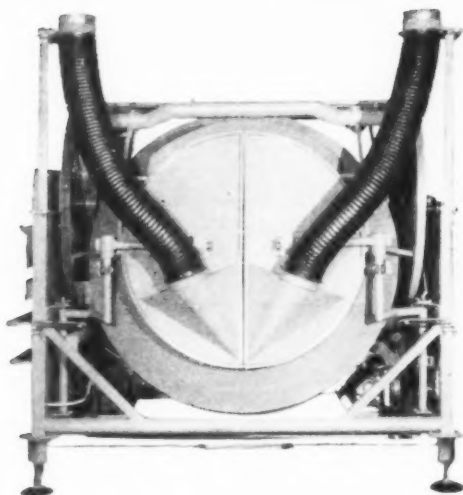
WOODWARD
Medical Personnel Bureau
FORMERLY ANDES
3rd floor • 185 N. WABASH AVE.
CHICAGO • I.
• ANN WOODWARD • DIRECTOR

ADMINISTRATORS—(a) Medical; 300-bed sanatorium; \$12,000; opportunity to serve as chief physician, if qualified, \$15,000; California. (b) 370-bed short-term, medical school affiliated, hospital; experienced or training in hospital administration; about \$15-\$18,000; midwest. (c) 530-bed JCAH hospital; requires Hospital Administration degree, and good experience; \$20,000; midwest. (d) Replace administrator retiring after long tenure; 200-bed JCAH hospital, college town, 25,000; on Great Lakes; midwest. (e) 325-bed hospital; staffed by Diplomates; university city; \$20-\$25,000; south. (f) Requires one with experience; to supervise equipping, planning of installation of new 1,000-bed hospital and its proper maintenance; east.

ASSISTANT ADMINISTRATORS—(a) 225-bed hospital; teaching program; attractive town 60,000; west coast. (b) 800-bed teaching hospital; \$7500; large city, university medical center; midwest. (c) 500-bed JCAH hospital, expanding to 700; emphasis on fiscal affairs; work under hospital division, have full supervision over several employees; requires administration experience and education equal to college degree; midwest. (d) 325-bed hospital; residency program; university town 75,000; midsouth. (e) Assistant, service director; requires MHA; very large hospital; teaching program; \$7200-\$9,000; east. (f) Young hospital administration graduate; 185-bed JCAH teaching Orthopedic State hospital; \$5-\$6,000; east.

(Continued on page 220)

Have You Troubles?



Such as

1. Are you tearing off buttons and having torn garments when breaking up cakes?
2. Can't you get rid of extractor wrinkles?
3. Do you have excess moisture causing slow-down of ironing operation?
4. Have you an unloading bottleneck due to loading and unloading from the same side?
5. Are you using old fashioned hand shake-out method with heavy labor costs?

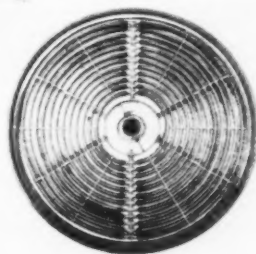
PURKETT'S 72" PCTs* Will Solve ALL of Them

And more, too, because in addition to solving those troubles you'll find a host of other accomplishments, such as: The elimination of hair from barber towels; the elimination of pellets from diapers; 20% moisture content removed in only 5 minutes tumbling time; new 8" vents eliminate the heat and lint output menace from the work room; re-runs eliminated with excessive moisture removed and the remainder properly distributed; increased production with less employee fatigue; although processing time reduced, quality of conditioning of garments and flatwork decidedly improved.

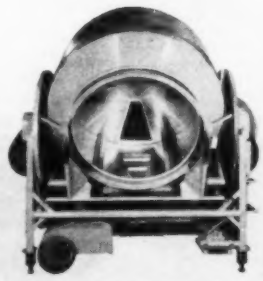
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35% more heating surface with the new 12-ring coil construction.



Unloading position shows powerful 5" Blower; also removable cleaning "door" to get to coils.

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DEPENDABLE PRE-DRYING CONDITIONING TUMBLERS

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POSITIONS OPEN

WOODWARD—Continued

ADMINISTRATORS — Women: (a) R.N. or non-medical; approved voluntary general hospital 60 beds; small town serving large population area; midwest. (b) R.N. or non-medical; 25-bed general hospital, construction program underway; county seat community, agricultural area, midwest. (c) R.N. or non-medical; private community hospital to be completed late 1957; residential town near metropolitan areas; California. (d) R.N.; full administrative responsibility, 40-bed general hospital; oil-producing area, small town; southwest. (e) R.N. or non-medical; 2-year old 50-bed general hospital; \$6000 up; lovely Southern community near state capital. (f) R.N. or non-medical; long-established, highly regarded general hospital, 50 beds; affiliated small clinic group; town 10,000; trade center, southwest. (g) R.N. or non-medical; 40-bed district hospital; to \$8000; agricultural community 4000; midwest. (h) R.N. or non-medical; general hospital 65-beds, approved; to about \$7000; county seat community 8,000, 45 miles to state capital; south.

MEDICAL EMPLOYMENT SERVICE 59 East Madison Chicago 2, Ill.

ANdover 3-5663-64

Alfred E. Riley, R.N., MSHA Director

ADMINISTRATORS — (a) Small hospital; 35-beds; mid central; \$500. (b) 40-beds; Texas; \$650. (c) 3500-bed State hospital; west coast; \$630 plus maintenance and a 4 bedroom modern home. (d) 100-beds; west coast; \$500. (e) 75-bed hospital; Arkansas; \$500. (f) 400-beds; north central; \$16,000. (g) 500-beds; north central; \$12,000. (h) Hospital consultant; \$525 plus expenses. (i) Hospital consultant; resort area; southwest; \$450 plus expenses. (j) 300-bed hospital; north New England state; \$16,000.

ASSISTANT ADMINISTRATORS — (a) 250-bed hospital, expand to 400; Missouri; experienced man handling patient service, medical and nursing staff, dietary and other personnel; good background in public relations and personnel; salary \$10,000 plus a liberal bonus at the end of year. (b) 300-bed hospital; mid central; large city; heavy background in public relations, personnel, to handle patient service; \$750. (c) 300-bed hospital experience in construction and accounting, \$10,000. (d) Assistant Administrator to take over administrative position in 1958; 225-bed children's hospital; Pacific Northwest; \$10,000.

DIRECTOR OF NURSES — (a) MS Degree; to head 225-bed hospital; Missouri; school of nursing; \$8,500. (b) Pacific Northwest Catholic Hospital; 300-beds; salary open. (c) New hospital; 100-beds; south; open.

PHARMACISTS — (a) West coast; Oregon; 300-bed hospital; male or female; salary open. (b) 200-bed Chicago; \$425, 5½ day per week; male.

NURSES — (a) Operating room supervisor; 225-bed hospital; resort area; large city; BS plus 5 years experience; \$500 per month, with liberal bonus at end of year. (b) 3 Assistant operating room RN's at 225-bed hospital; Missouri; \$450 per month.

MEDICAL RECORDS LIBRARIANS — (a) Chief; near Memphis, Tennessee; \$400 per month; new apartment available. (b) Chief; 70-bed; Arkansas; \$350-\$375.

INTERSTATE MEDICAL PERSONNEL BUREAU

Miss Elsie Dey, Director
332 Bulkley Building
Cleveland, Ohio

ACCOUNTANT — (a) 212-bed hospital, Ohio. (b) Comptroller; 175-bed hospital, midwest. (c) Office manager; 300-bed hospital, Ohio.

ADMINISTRATOR — (a) Accounting experience; new hospital under construction. (b) Large specialized hospital, central state. (c) 140-bed eastern hospital. (d) 175-bed hospital, chronic diseases; west.

ASSISTANT ADMINISTRATOR — (a) 500-bed hospital, midwest. (b) 200-bed Ohio hospital. (c) 250-bed hospital, Pennsylvania. (d) New hospital, suburb Detroit.

DIETITIAN — (a) Chief; 175-bed progressive hospital—research clinic; \$500, maintenance. (b) New 150-bed hospital, Ohio; \$425; open July.

DIRECTOR OF NURSING — (a) 325-bed hospital, Pennsylvania. (b) 200-bed hospital, west; \$6,000, maintenance. (c) Nursing service directors; east, midwest, south; to \$6500. (d) Educational directors.

EXECUTIVE HOUSEKEEPER — (a) College graduate for 300-bed western and southwestern hospitals. (b) 200-bed hospital, east. (c) 175-bed Ohio hospital. (d) 225-bed hospital, south.

PERSONNEL DIRECTOR — (a) 320-bed hospital, east. (b) Sisters' hospital, Michigan, Texas, Ohio.

SHAY MEDICAL AGENCY

Blanche L. Shay, Director
55 East Washington Street
Chicago 2, Illinois

ADMINISTRATIVE PERSONNEL — (a) Assistant administrator; 325-bed hospital; Masters in Hospital Administration, or equivalent experience; \$8000 minimum. (b) Assistant administrator; east; 100-bed hospital; degree not required; \$5200 plus a 5-room apartment. (c) Personnel director; east; well qualified assistant, 2 secretaries and a clerk in department; 300-bed hospital; \$7000. (d) Public relations director; 400-bed hospital; east; \$5000. (e) Purchasing agent; east; 250-bed hospital. (f) Controller; middle west; good experience, in cost accounting; 250-bed hospital.

MEDICAL SOCIAL WORKERS — (a) Middle west; Mental Health Center; excellent staff; require psychiatric experience; \$5400 up. (b) East; medical; 500-bed hospital; require someone capable of organizing new department; a pioneering job; \$5300 up to start. (c) West; public health; complete supervision of department; good administrative experience; \$6000.

NURSE ANESTHETISTS — (a) California; man; medical group of 2 physicians and 2 anesthetists; \$500 to start. (b) Middle west; 125-bed hospital; 3 in department; \$500. (c) South; 250-bed hospital; 5 nurse anesthetists; \$550. (d) Southeast; 50-bed hospital in small town close to several large cities; \$600. (e) South; 200-bed hospital in city of 30,000; \$500.

(Continued on page 222)

PLACEMENT BUREAUS

MARY A. JOHNSON ASSOCIATES
11 West 42 Street New York 36, N. Y.
Mary A. Johnson, Ph.D., Director

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You cut down kitchen fatigue as much as 50% when you cook at a more convenient height and the Akron combination permits two to cook at once.

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It will pay you to carefully compare all of Akron's work, time and money saving features.

Write for Bulletin
621-TS-02
It lists 12 range
top combinations

ASSOCIATED PRODUCTS INC.

20 South Ontario St., Toledo 2, Ohio

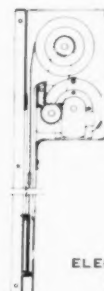


**BETTER BUILT
FOR COMMERCIAL
ELECTRIC COOKING**

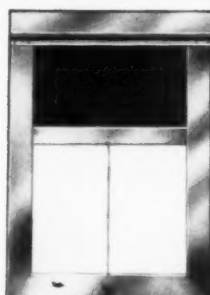
AMERAY ALUMINUM LIGHTPROOF SHADES

**photographically
lightproof
any room
quickly,
inexpensively**

Manual or Electrical Operation — Easy to Install
— Maintenance Free Aluminum Frame



ELECTRICALLY
OPERATED



MANUALLY
OPERATED

Ameray's Lightproof Shades are thoroughly field-tested units being used in over 500 hospitals throughout the world.

The frame sections are all extruded aluminum and all hardware in either stainless steel or other non-corrosive material. These units enhance the appearance of any room and are shipped as a fully assembled unit ready for easy, economical installation. No special wiring is required in the electrical model; it plugs into any outlet. **NO MAINTENANCE — QUICK DELIVERIES — ECONOMICAL PRICE — EASY INSTALLATION.**

Ameray's long experience in the manufacture of lightproof shades and X-ray protective products can help you with specific problems. Contact our engineering department at no cost or obligation.



For complete technical information about Ameray's lightproof shades, write for spec sheet #607. For ganged, remote controlled operation, write our engineering department. And for a better idea about Ameray's X-ray products, write for Catalogue #37E.

ameray

CORPORATION
X-RAY PROTECTIVE MATERIALS DIVISION

ROUTE 46, KENVIL, NEW JERSEY
FOX CROFT 6-4100

N. Y. PHONE: BOWLING GREEN 9-0412



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Division of
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1947 FORD, Model 79K, Motor No. 799A-1699400. Gray with Seibert body. Traveled approximately 7000 miles, still has stretcher and some minor accessories in the interior of body. Equipped with a red flashing light. In excellent condition. Contact City of Newport, Newport, Rhode Island.

(Continued on page 223)

SCHOOLS—SPECIAL INSTRUCTION

The BOSTON LYING-IN HOSPITAL offers to qualified registered nurses a six-months internship in maternity nursing. Clinical experience is offered in all phases. This includes antepartal clinics, delivery room, postpartum and diabetic unit, normal newborn, and premature nursery. Each nurse intern will have the opportunity to deliver a mother under supervision. An elective period will be spent in advanced experience in the area of choice. Room, laundry, food allowance and a stipend of \$75 per month is granted. Rooms are provided in a graduated house. The registration fee is \$20. For complete information write to Carolyn Davies R.N., Director of Nurses, Boston Lying-in Hospital, Boston, Massachusetts.

New Zylax Tablets for Fast but Gentle Laxation

- RESULTS OVERNIGHT
- NO GRIPING OR CRAMPING
- NO SIDE EFFECTS
- SUGAR FREE
- CONVENIENT FOR ADULTS AND CHILDREN

Ingredients

PER TABLET:

Active ingredient—
Isatin (for the laxative effect of prunes) 5 mg.
Debittered brewer's dried yeast 160 mg.
Sodium carboxymethylcellulose 300 mg.

Please write for Zylax samples.

Literature available on other products:

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Zymelose Tablets with brewer's dried yeast and bulk-forming SCMC

BSP Liquid, the new product that helps prevent or heal bedsores



OTIS E. GLIDDEN & CO., Inc.
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Surgeons Famed for Well-Known Needle Designs

Numerous surgeons designed their own needles, doing so well their designs became standard.

The BERBECKER catalog, to be found in the current Hospital Yearbook, or available on request, shows these and scores of other approved, corrosion-resistant surgeons' needles—obtainable now through any surgical dealer.

BERBECKER SURGEONS' NEEDLES

Made in England

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SCHOOLS—SPECIAL INSTRUCTION

The CHICAGO LYING-IN HOSPITAL AND DISPENSARY of the University of Chicago offers a six-months course in OBSTETRIC NURSING to qualified graduate nurses. The course includes all phases of maternity nursing. The student may elect experience in one special area for two months of the course. Modern, attractively appointed kitchenette apartments are provided. Adequate allowance is made for food and laundry. For further information, write to the Director of Nursing, 5841 Maryland Avenue, Chicago 37, Illinois.

The PROVIDENCE LYING-IN HOSPITAL offers to qualified graduate nurses a four months supplementary clinical course in Obstetrics. Full maintenance and stipend of \$75.00 a month is provided. For full information, apply to the Director of Nurses, Providence Lying-In Hospital, Providence 8, Rhode Island.

UNIVERSITY OF MICHIGAN School for Nurse Anesthetists offers a 16 month course for nurses interested in anesthesia. Accredited by the American Association of Nurse Anesthetists. The training includes all techniques in inhalation, intravenous, and rectal anesthesia. Unlimited opportunities for endotracheal intubation and open chest anesthesia. Stipend provided. For information write, School for Nurse Anesthetists, University Hospital, Ann Arbor, Michigan.

GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA offers a four month course in operating room technic and management to registered graduates of accredited schools of nursing. Registration fee \$20.00. Full maintenance and \$30.00 monthly cash allowance given. Apply to Director of Nursing Service, 1818 Lombard Street, Philadelphia 46, Pennsylvania.

SCHOOL FOR LABORATORY TECHNICIANS—Duration of course, 1 year. Tuition, \$100.00; approved by the American Medical Association. For further information, write the Director of Laboratories, Barnes Hospital, 600 S. Kingshighway, St. Louis, Missouri.



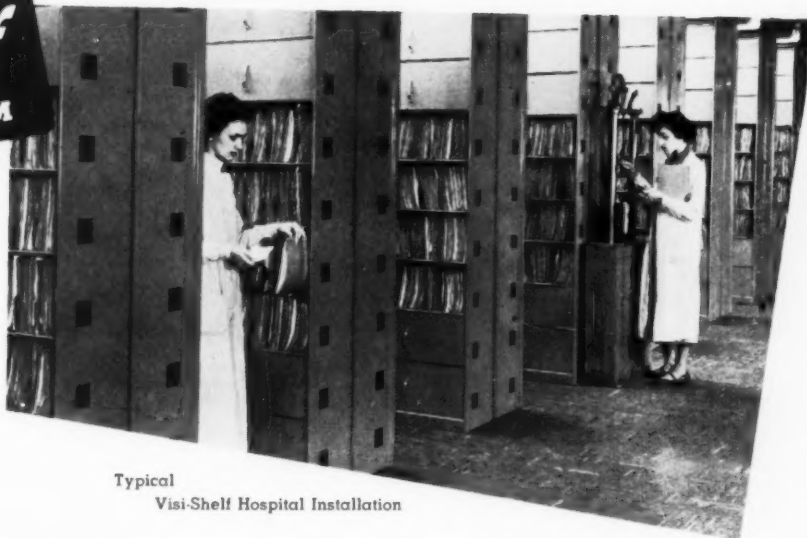
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SteriSharps®

the first sterile,
stainless-steel
surgical blade



new SteriSharps valuable aid to surgeons and nurses...saves time, eliminates blade waste

The new SteriSharps surgical blade is made of stainless steel. It has the sharpest, most uniform, most durable cutting edge available. Comes to you ultrasonically cleaned and heat-sterilized for asepsis. Saves time, simplifies technic. Surgeons can depend on *consistent sharpness* with SteriSharps. Electronic testing by the ASR Sharp-

ometer® guarantees uniform sharpness. SteriSharps offer important economies, too. Only blades actually needed are used. They're unaffected by autoclaving, dry heat, solutions. Sealed packets can be re-autoclaved, stored indefinitely. For details, write: ASR Hospital Division, Dept. MH, 380 Madison Ave., N. Y. 17, N. Y.

Only SteriSharps offer all these advantages...

- Sharpest, most durable cutting edge
- Consistent sharpness in every blade
- SteriSharps will not corrode
- Can be re-autoclaved, stored in packs
- Sterile SteriSharps eliminate jars, racks and irritating solutions



Blade Dispenser available. Your supplier has SteriSharps surgical blades in every design. Stainless-steel dispenser shown above is yours free with every five gross.



SteriSharps . . . the first sterile, stainless-steel surgical blade
precision products

WHAT'S NEW FOR HOSPITALS

MAY 1957

Edited by BESSIE COVERT

TO HELP YOU get more information quickly on the new products described in this section, we have provided the convenient Readers Service Form opposite page 256. Check the numbers on the card which correspond with the numbers at the close of each descriptive item in which you are interested. The MODERN HOSPITAL will send your requests to the manufacturers. If you wish other product information, just write us and we shall make every effort to supply it.

All-Electric Hilow Bed Can Be Patient Operated

The new Hilow bed has push button controls placed on the patient's right, in



the seat section of the spring. Under normal circumstances nursing time is saved since the patient can easily reach the controls for operation of the Hilow feature as well as adjustments of back and knee rests. Should patient operation be undesirable or against orders, a cut-off switch on the motor locks the controls.

Three push buttons, arranged in the form of an inverted triangle, operate the adjustments. Should any one of the adjustments be forbidden, toggle switches on the side of the motor will make them inoperative except by the nurse or attendant. No two push buttons can be operated at the same time, as all switches are mechanically interlocked. The Trendelenburg spring has four sections for all desired adjustments and a levelizer to return the spring sections to true horizontal position after use. The head and foot panels of the new push button bed were designed by Raymond Loewy.

Hill-Rom Co., Inc., Batesville, Ind.

For more details circle #216 on mailing card.

Fabron Wall Covering of Reformulated Vinyl

Added durability and economy are features of the new Fabron fabric wall covering. The vinyl reformulation of the product gives it superlative toughness while adding to its attractive appearance. The new Fabron is now produced by welding a pigmented and printed or a printed pure vinyl film to a cotton base. A second clear vinyl film is fused over the first one to lock the color and print permanently, preventing the possibility of contact damage.

Attractive contemporary decorative effects are offered in a wide range of design and color in the new material which is

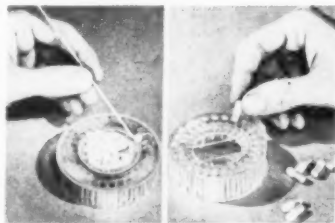
moderate in cost and easy to hang. It supplies an economical, easy-to-maintain and attractive wall treatment for most parts of the hospital and for nurses' homes. **Frederic Blank & Co., Inc., 230 Park Ave., New York 17.**

For more details circle #217 on mailing card.

Narcotic Dispenser Keeps Running Count

Repeated handling of narcotics and inaccurate dosage due to chipped tablets are minimized with the new Tomac Narcoti-counter. The unit keeps a running count of the exact number of narcotics dispensed and releases one tablet at a time. Counting time is saved and accurate records are assured.

The Narcoti-counter is easily and quickly filled with any tablet or capsule up to number one size. Each dispenser holds 25 narcotics, which facilitates inventory control in the pharmacy. The dispensers are made to stack, thus taking minimum storage space. They are con-



structed of clear polystyrene which is virtually indestructible and is easily washed or cold sterilized. **American Hospital Supply Corp., Evanston, Ill.**

For more details circle #218 on mailing card.

Polyethylene Garbage Can Reduces Noise

A large 20-gallon capacity garbage can is now available in polyethylene. The lack of noise in handling this plastic container makes it especially adaptable for use in hospitals for trash, garbage and other uses. It is rustproof and unbreakable, cannot retain odors and has a Lock-Lid all-around cover. The plastic can may also be used for storage and transport of supplies within the hospital and between departments. It is 27 1/4 inches high and 20 1/2 inches in diameter. It is finished in lawn green or gray and has corrugated sides. **Straus-Duparquet Inc., 33 E. 17th St., New York 3.**

For more details circle #219 on mailing card.

Adding Machine Is Redesigned

The new Burroughs model Ten Key Adding Machine incorporates a newly designed keyboard, greater operating simplicity, two-color ribbon, automatic spacing for tear off after totals, and a new high operating speed.

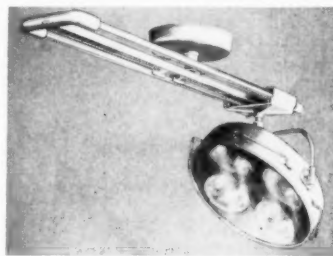
The new "Balance Touch" Keyboard with slightly larger keys combines proper key positioning with balanced key feel so all control keys have the same even touch. The machine is housed in an aluminum case offered in four colors, Capri Coral, Alpine Blue, Amber Gray and Sea Mist Green. It is available in 10 listings and totaling styles. **Burroughs Corp., 6071 Second, Detroit 32, Mich.**

For more details circle #220 on mailing card.

Three Surgical Lights Added to Champagne Line

Three classifications of surgical lights have been added to the Champagne Electric Company line. The SE-36-MTC Major Operating Room Light illustrated features a 36-inch luminaire with four individual Alzak coated aluminum reflectors. It is designed for effective use in major surgery and delivers glare-free, cool, color-corrected and shadowless illumination of 4000 foot-candle intensity to the surgical field. Finger-touch control of the luminaire at any point within a six-foot circle is assured through the dual rotation suspension and track carriage. The new light is available for varying ceiling heights.

Minor operating room lights in new models include obstetrical units. In the portable models are Specialists' Lights for ENT and an Emergency Light with



automatic switch-over current supply provided from batteries in case of power failure. **Shampaine Electric Co., 50 S. Webster Ave., New Rochelle, N.Y.**

For more details circle #221 on mailing card.

(Continued on page 226)

WHAT'S NEW

SteriSharp Blade of Stainless Steel

Stainless steel is used in the new SteriSharp surgical blade to produce the sharpest, most uniform and durable cutting edge possible. The blade is precision-sharpened, thoroughly cleaned and hermetically sealed in a double vinyl-lined aluminum foil envelope, ready for instant use. The sealed packets are heat-sterilized and rigid quality control and inspection, including a sterility check conducted by an independent laboratory, ensure sterility.

Blade waste and preparation time are



saved with the SteriSharp technic. The convenient, easily opened SteriSharps remain sealed until actually needed, unused blades remaining sealed for future use. In use, the circulating nurse opens the SteriSharp packet and either spills the blade on a sterile towel, without touching it, or holds the sides of the open packet so that the surgical nurse may grasp the blade with sterile forceps. The sterile technic is assured without waste or time loss. **American Safety Razor Corp., 380 Madison Ave., New York 17.**

For more details circle #222 on mailing card.



Add extra bed space in existing room area

Empty beds caused by adjoining patients with malodorous conditions represent an unnecessary loss to a modern hospital. Installing an Airkem odor-control program neutralizes the odors and makes the extra beds available for immediate use. Cost of the Airkem program is far less than the increased income afforded the hospital. An additional advantage of the Airkem program is the marked improvement in the morale of patients, visitors and personnel.

Airkem portable vaporizers for use in wards or private rooms con-

trol even the most severe odors. Airkem odor-control programs are currently simplifying management and maintenance problems for over 1,000 hospitals in the United States and many others abroad.

Write today for literature on Airkem odor-control programs for hospitals.

Mail in the coupon below.

AIRKEM, INC.

241 East 44th Street, New York 17, N. Y.

- ☐ Please send me information on the Airkem program for hospitals.
☐ Please have an Airkem Field Engineer call.

Name _____ Title _____

Hospital _____

Address _____

City _____ Zone _____ State _____

MH-5



Absorbent Cellulose Available in Rolls

Bleached white absorbent cellulose is now available in rolls 12 and 24 inches wide. The new product has an absorbent capacity sixteen times its own weight in



thirty seconds and a pH neutrality value from 6.5 to 7.5. It can be readily cut with scissors to any desired length for use wherever an absorbent padding is needed in the hospital. The new absorbent was developed to meet or exceed Federal government specifications for cellulose, absorbent Surgical No. L-C-166A L-C. It is available in cartons of 16 rolls 36 plies thick, each individually wrapped. **Robert Busse & Co., Inc., 64 E. 8th St., New York 3.**

For more details circle #223 on mailing card.

Plastic Wall Covering Is Scrubbable

Rich-Wall is the name of a new soft, flexible plastic wall covering which can be thoroughly scrubbed. Fragile in appearance, the new product has high abrasive resistance. It is designed for institutional use and manufactured from Monsanto Chemical Company's specially developed Ulton vinyl plastic. Backed with resin treated cotton fibers, laminated under heat and pressure to prevent shrinkage, Rich-Wall is applied with regular wall paper paste. It is supplied in ten patterns and 69 color combinations. **Fabritate, Inc., 515 Madison Ave., New York 22.**

For more details circle #224 on mailing card.

(Continued on page 228)

500 PRODUCTS and REASONS TO BUY BLOOMFIELD

Here are 6 Quality TRUCKS and Accessories

Manufactured and Guaranteed by Bloomfield!

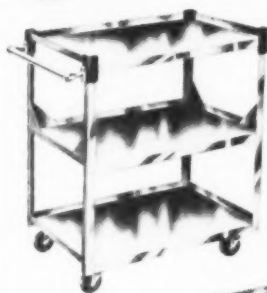
No. 56

Mirror finished Stainless Steel. Carries a 300 lb. load. Dimensions 27" L x 31 3/4" H x 15 3/4" D.



No. 36

Stainless or Galvanized Steel. Noiseless rubber tires. Rubber bumpers. Carries a 400 lb. load. Dimensions 30" L x 30 3/4" H x 17" D.



No. 613

Large, heavy duty model. Stainless or galvanized steel. Rubber tires, ball bearing casters. Carries a 500 lb. load. Dimensions 38" L x 31" H x 21 1/2" D.



STAINLESS STEEL TRUCK ACCESSORIES



No. 136 REFUSE BIN

All accessories fit all trucks.

Built for years of rugged use.



No. 236 SILVER BIN

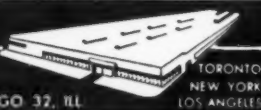
No. 57 DISH BOX



Send for FREE Bloomfield Catalog. Bloomfield products carried by all equipment dealers. For any product not available, contact us.

BLOOMFIELD INDUSTRIES, INC.

4546 WEST 47th STREET • CHICAGO 32, ILL.



TORONTO
NEW YORK
LOS ANGELES

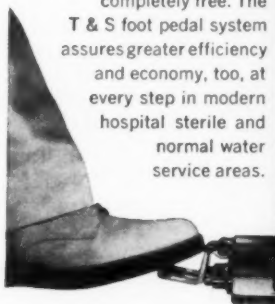
Sanitary Water Flow

AT THE TOUCH OF A TOE!



FOOT PEDAL VALVES and SERVICE FITTINGS

Where time and absolute sanitation go hand-in-hand in the saving of a life, there must be no slip-up on either count. The T & S sanitary system of "Stream-Mates" cuts precious seconds off scrub-up time, and eliminates the "over-handling" and possible contamination of tap water. Simply step on the pedal — for cold, hot or mixed — and you get an instant, sanitary and controlled flow. Hands are completely free. The T & S foot pedal system assures greater efficiency and economy, too, at every step in modern hospital sterile and normal water service areas.



B-503 COMBINATION PEDAL MIXING VALVE for hot and cold mixing



B-502 DOUBLE PEDAL VALVE for hot and cold



B-520 GOOSENECK NOZZLE with dummy base



B-560 DUMMY CODE TYPE NOZZLE



BED PAN WASHER AND GENERAL UTILITY SPRAY



B-950. Delivers a powerful, positive controlled on-off spray. Heavy duty construction, flexible stainless steel hose. Many uses for "water-scouring," hot or cold, in service areas and kitchen, too.



See your local dealer, or write direct for specific bulletins or complete "PLUMBING SPECIALTIES" catalog.

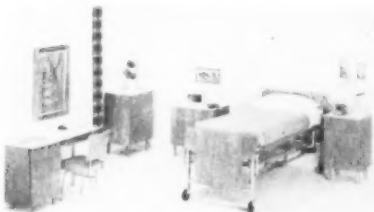


T & S BRASS AND BRONZE WORKS, INC.
32 Urban Avenue, Westbury, L. I., New York • EDgewood 4-5104

America's Most "Flexible" Line of Water Feed Equipment! Pre-Rinse • Glass Fillers Water Stations • Faucets • Pedal Valves & Service Fittings • Spray Hoses • Accessories

WHAT'S NEW

Woodridge Design in Wood-Steel Furniture



The beauty of wood with the strength and durability of steel are offered in the new Woodridge patient room furniture.

Developed especially for hospital use, the new line stresses attractive design with durability. It is sturdily constructed with frames of super-strength furniture steel and panels of American walnut or imported birch. Wood sides, tops, drawer fronts and metal interiors and legs can be removed and replaced if desired.

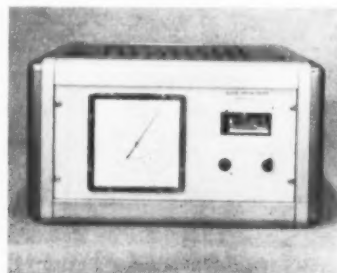
Drawers are built with concealed finger grooves in the front side, or they may be opened with the hardware. They are mounted on silent, sliding nylon drawer glides with automatic drawer stop. Burn and scuff resistant Royaloid is used for the tops of dressers, nightstands, tables

and desks. Chromium plated adjustable floor glides facilitate moving without scratching floors. Included in the Woodridge group are beds, single and double dressers, nightstands, tables and desks. Royal Metal Mfg. Co., 175 N. Michigan Ave., Chicago 1.

For more details circle #225 on mailing card.

Arithmometer Makes Automatic Blood Count

The JACO Mark IV Arithmometer is an electronic instrument for automatic



counts on normal and pathological blood. The redesigned model gives electronically precise counts at the touch of a button, saving technologists' time and minimizing the possibility of errors. The blood sample is inserted into the Arithmometer, the button is pushed, and the counting operation is completed, ready for direct reading, in ninety seconds. Results are indicated in cells per c.mm. with no correction factor required. Jarrell-Ash Company, 20 Farwell St., Newtonville 60, Mass.

For more details circle #226 on mailing card.



Again...Most Winners Use STEAM-CHEF

● For the 11th consecutive year STEAM-CHEFS and Steamcrafts have been the overwhelming choice of Institutions Magazine Food Service Contest winners.

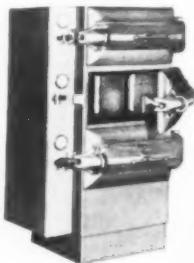
Unquestionably the selection of STEAM-CHEF and Steamcraft by a large majority of winners year after year can be no coincidence. STEAM-CHEFS and Steamcrafts are the choice of America's finest kitchens.

Leading architects, consultants, kitchen designers and dieticians invariably specify STEAM-CHEF or Steamcraft steam cookers... equipment suppliers and food service operators express a positive preference for them.

In 1957, more than 2 out of every 3 award-winning steamer equipped kitchens... representing schools, hospitals, restaurants, hotels, factories, institutions, clubs, motels, colleges and universities... featured

Write for complete detailed information.

STEAM-CHEF or Steamcraft cookers. There is a STEAM-CHEF or Steamcraft steamer designed to fill your needs in gas, electric or direct-steam operated models... don't settle for anything less!



STEAM-CHEF "STEAMLINER"
—the ultimate in heavy-duty steam cookers—streamlined, fully automatic—other models available for direct steam, gas or electric operation with 2, 3, 4 compartments.

STEAMCRAFT COOKER AND WARMER for smaller requirements or as an auxiliary unit. Models available with 1 or 2 compartments for floor or table-top use.



THE CLEVELAND RANGE COMPANY

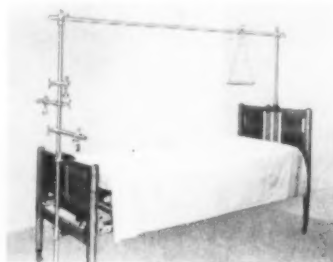
"The Steamer People"

3333-O LAKESIDE AVENUE

CLEVELAND 14, OHIO

Fracture Frame Has No Losing Parts

Several new features are incorporated into the new Chick Smart Anybed Fracture Frame, foremost of which is that



there are no losing parts. The efficient, sturdily constructed frame is designed to fit any hospital bed and to provide all angles of traction desired. It is quickly assembled, has swivel jointed pulleys and interchangeable parts, including an adjustable trapeze. The Anybed Fracture Frame is light in weight, low in cost and breaks down into a neat package for easy storing. Gilbert Hyde Chick Co., 821 75th Ave., Oakland 21, Calif.

For more details circle #227 on mailing card.

(Continued on page 230)

AIR FORCE APPROVES PURCHASE OF TEMPERED OPAL GLASS DINNERWARE

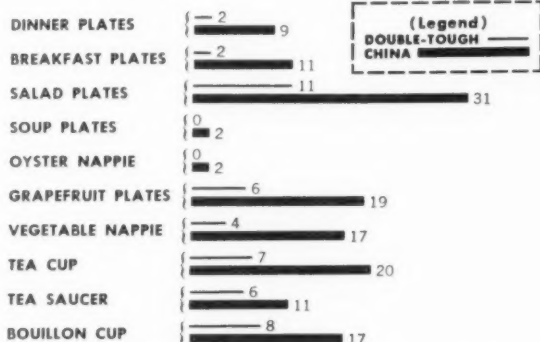
Corning Brand Double-Tough Dinnerware Meets All Specifications In Tests And One Year "In-Use" Trial



IN HOTELS, TOO...
DOUBLE-TOUGH PROVES SUPERIOR!

● Those who demand proof before they buy, choose Double-Tough. Official Air Force tests plus a one year trial at Chanute Air Force Base disclosed that individual plate service instead of metal trays resulted in food waste savings of \$3,376. Dining comfort and feeding standards also showed marked improvement. As a result, Headquarters, United States Air Force, has approved tempered opal glass dinnerware as a local procurement item. Most important, Corning Double-Tough Dinnerware meets all requirements under specification DD-T-0090.

Official Results of The York Research Corp's. 24 Week "In-Use" Test—Davenport Hotel—Stamford, Connecticut.



This chart shows actual numbers of items broken in test comparing Double-Tough ware with china.

CORNING DOUBLE-TOUGH Dinnerware

Made by the maker of famous PYREX® brand ware. Consumer Products Division, Corning Glass Works, Corning, N. Y.

**Double-Tough saves you money
in face of rising costs**

● Proved savings in Double-Tough installations, both large and small, offer welcome relief from your rising cost of operation. These are savings which you can apply to modernization or obtaining new equipment you may need. It's a plan that can work for you!

Find out for yourself.

Send for this FREE booklet



Corning Glass Works
Dept. MH-57, Corning, N. Y.

Please send me, without obligation, your FREE booklet which tells how Corning Double-Tough Dinnerware can cut my tableware replacement costs and improve my service.

NAME _____
BUSINESS OR INSTITUTION _____
STREET _____
CITY _____ STATE _____

WHAT'S NEW

Personal Size Dispenser for Ozium Air Conditioner

Years of laboratory research and countless field tests were made on Ozium, the



air deodorizer and air freshener now available for hospital use. Ozium is a formula of well balanced propylene and triethylene glycols and other chemicals which, sprayed in mist-like form, rids the air of objectionable odors and is an excellent air sanitizer. Ozium readily absorbs and retains moisture. Since most organic odors and smoke ride on moisture particles, the hygroscopic Ozium spray surrounds these floating particles and filters them out.

The new No. 500 Personal Size Dispenser for Ozium is a compact, unobtrusive size which fits into the palm of the hand for quick finger-tip control.

Each disposable dispenser is equipped with a patented "Metering" valve which delivers a predetermined measured spray to eliminate waste. Ozium is highly effective for deodorizing and freshening the air in patients' rooms, corridors, waiting rooms, surgery, kitchens, store rooms and wherever odors or stale air are a problem. Woodlets, Inc., 2048 Niagara St., Buffalo 7, N.Y.

For more details circle #228 on mailing card.

Weksler Clinigraph for Continuous Temperature

Continuous recording of body temperatures is possible with the new Weksler Clinigraph. It is a special adaptation of a liquid-actuated, clock-motor-driven portable recording thermometer and is particularly useful in recording temperatures during surgery requiring hypothermic states, as well as in the management of neurosurgical patients who require temperature control.

The sensing unit is a scientifically designed stainless steel bulb of extreme sensitivity, connected to a recording thermometer by a flexible capillary tube. The chart range is uniformly graduated for easy reading. It furnishes a twelve hour record with ten minute and hourly time segments. The redesigned Clinigraph has a new actuating system, the

bulb is half the size of the original model and capillary tubing has a special reinforcement at the bulb to minimize the possibility of breakage due to rough handling. Weksler Thermometer Corp., Freeport, Long Island, N.Y.

For more details circle #229 on mailing card.

Normandy Pattern in Trend Shape China

The practical Trend shape in Syracuse China is now available in the new Normandy pattern. The basic square shape of Trend saves space on trays and tables and makes attractive place settings in



minimum space. Trend shape china is also available in the Berkeley pattern. Syracuse China, Commercial Division, Syracuse, N.Y.

For more details circle #230 on mailing card.

(Continued on page 232)



Money Saving

CAPACITY *long life* **DEPENDABILITY**

you get BOTH in *Simplex* and **SPEED QUEEN** laundry equipment

Lifetime Stainless Steel Washers and Extractors



Commercial Automatics

A lifetime tub, rust-proof, chip-proof. Bowl tub with agitator and over-flow rinse delivers linens cleaner, faster, safer. Transmission guaranteed 5 years. Heavy duty model also available with baked white enamel top and Stainless Steel tub.



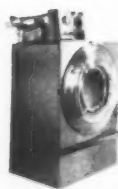
Gas, Electric or Steam Drying Tumblers

Simple controls, fool-proof construction. 16 to 100 pound capacities. Proven by years of satisfactory performance throughout the world.



Stainless Steel "Self-Balancing" Extractors

Four sizes—10-15-25 and 50 pound capacity feature automatic "self-balancing" to reduce vibration and eliminate need for precise loading. Beautiful—functional—durable.



Upright, Open End Washers

Beautiful mirror-bright Stainless Steel or baked enamel finish in cabinet or conventional design with a choice of manual, semi-automatic or fully automatic models in 25-50-75 and 100 pound capacities. Complete simplicity of construction... matchless year around performance. A choice of 28 quick-change, fool-proof washing formulas.

Gas, Electric or Steam Ironers

A high capacity 48" Super Ironer for either gas or electric; a 56" Master Ironer for gas, electric or steam. Capacity, durability, manufactured by the oldest, most reliable name in ironers.



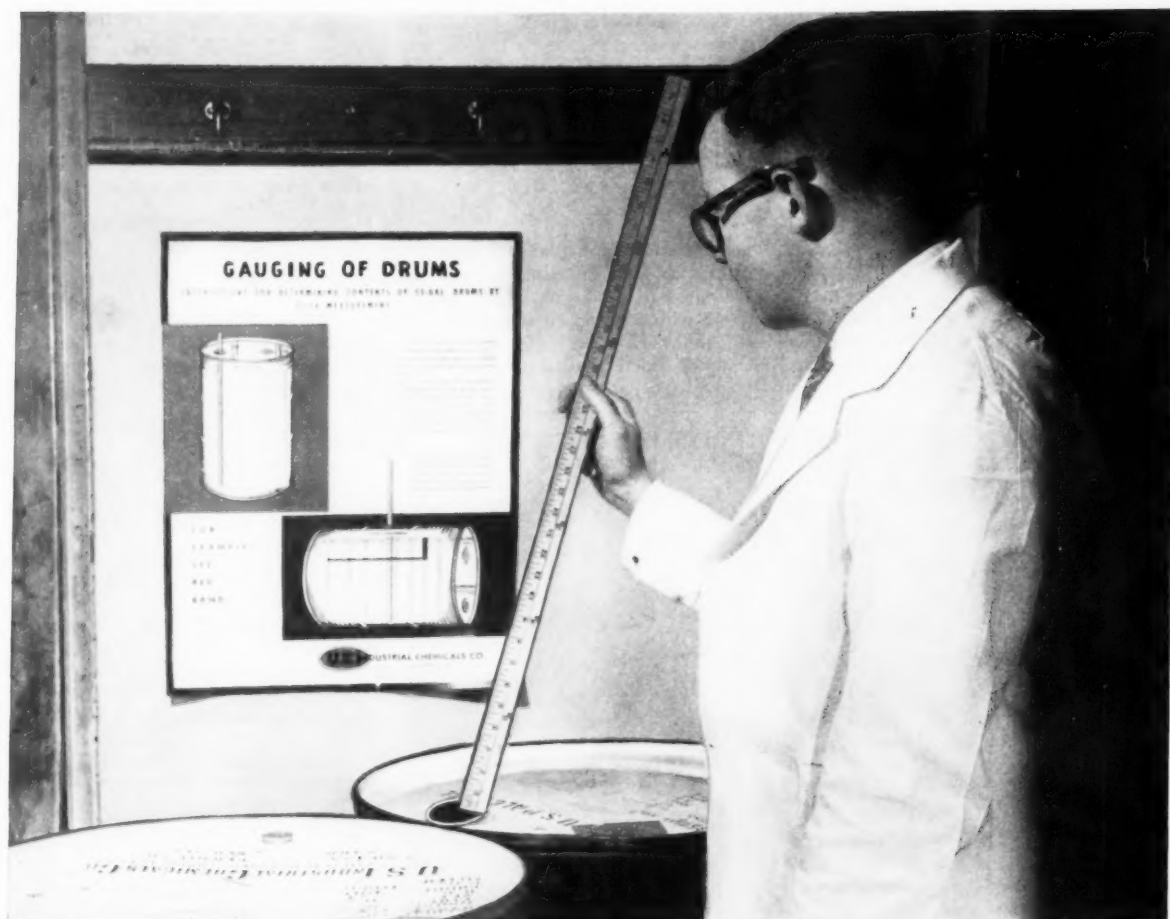
Full descriptive literature on any of the above equipment will be sent promptly upon request. Write

SPEED QUEEN

A Division of McGraw-Edison Co.

SPEED QUEEN AND SIMPLEX COMMERCIAL DEPT.

418 Washington Ave.—Algonquin, Ill.



Here's how U.S.I. helps your pharmacy provide better alcohol service

From dependable delivery to technical advice and assistance in handling permits and records, U.S.I. service is designed to help you keep ahead of your hospital's pure alcohol needs

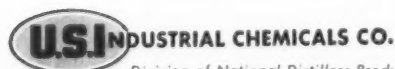
Pure ethyl alcohol performs dozens of indispensable tasks in your hospital every day. Because alcohol does play such an important role, the quality and service you get from your supplier vitally affects the efficiency with which your pharmacy meets your hospital's alcohol requirements.

When U.S.I. is your supplier, service starts with the prompt handling of your order and delivery from a nearby bonded warehouse. Dependable U.S.I. shipments eliminate the need for excessive alcohol stocks, help solve storage and inventory problems. Such aids as U.S.I.'s drum

gauge chart, which shows at a glance how much alcohol is left in an opened drum, help make the pharmacist's work easier.

U.S.I. is America's oldest producer of hospital and industrial alcohol; its sales organization has been serving hospitals for half a century. When you order pure alcohol, specify U.S.I. — get purity and service.

For your free copy of the alcohol drum gauging chart shown above, write to your nearest U.S.I. sales office or to Department H at the address below. Please indicate whether you prefer the letter size, wall-chart size, or both.

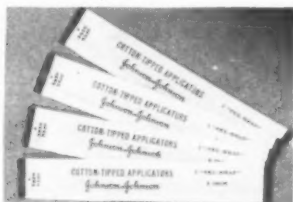


INDUSTRIAL CHEMICALS CO.
Division of National Distillers Products Corporation
99 Park Avenue, New York 16, N. Y.
Branches in principal cities

U.S.I. pure alcohol U.S.P. 

WHAT'S NEW

Tipped Applicators Now Pre-Wrapped



Hand wrapping, sorting and counting are eliminated with the new Pre-Wrap Cotton Tipped Applicators. The latest addition to the line of Pre-Wrapped

dressings, the cotton tipped applicators save nursing time and ensure uniformity. The six-inch applicators are pre-wrapped two to a package, ready for sterilization, in cases of 1000 packages. **Hospital Division, Johnson & Johnson, New Brunswick, N.J.**

For more details circle #231 on mailing card.

Variable Height Bedside Lamp Adjusts to Bed Height

Designed to adjust in height to correspond with the variable height hospital beds, the new Model 406-A Variable Height Bedside Lamp assures having the

reflector always at the right height. The internal bulb shield supplies non-glare reflected light for both direct and indirect illumination. The convenient plug-in receptacle, switches and night light are all at mattress height, no matter what that may be, for easy manipulation by the patient. A 7½ watt night light is adjust-



able with the reflector, and is always just below the mattress top to prevent disturbing the patient.

The Model 406-A lamp can be swiveled in the upright standard and the ventilated reflector rotates a full 360 degrees around the stationary socket. Overall height of the lamp is 46 inches and it can be extended to 55 inches. **Adjustable Fixture Co., 104 E. Mason, Milwaukee 2, Wis.**

For more details circle #232 on mailing card.



How Supersoft Napkins can reduce bed linen costs

Eating in bed is tricky business even for a steady hand. The obvious hazard is spilling which can mean soiled bed linens and the time lost in making changes.

For a measure of protection that flimsy paper napkins could never offer, serve with quick-absorbing Supersoft multiple-ply Napkins. Of finest facial tissue, Supersoft Cellostrength Napkins are treated to retain strength even when wet.

Too, their softness, their whiteness and their quality are so distinctive as to invite comments of pleasure from your patients. Many hospitals have already discovered how inexpensive it is to provide protection and gain good public relations with Supersoft Napkins. Quantity orders can be custom embossed or printed with hospital name, address, insignia, etc. Write today for your nearest supplier's name.



SUPERSOFT's multi-ply design provides more surfaces to absorb more moisture faster.



GROFF PAPER COMPANY • 2300 Endicott Street • St. Paul 14, Minnesota

All-Purpose Cleaner in Plastic Pouches

Rev, a new high-concentrated cleaning detergent for all purpose institutional



use, is packaged in portion-control plastic pouches. The new Rev package eliminates waste by the worker, saves storage space and reduces shipping costs.

Each pouch contains the precise amount of cleaner needed for a given amount of water. Rev P.C. 3 contains 31 grams, the exact amount needed for 3 gallons of water and P.C. 4 has 41 grams for 4 gallons. The plastic pouches of Rev are packed 12 to a small cardboard package, 12 packages to a corrugated shipping container. **International Chemical Co., 3140 S. Canal St., Chicago 16.**

For more details circle #233 on mailing card.

(Continued on page 234)



Does OXYGEN THERAPY support itself in your hospital?

IF your present oxygen therapy is a liability, LINDE can help you make it self-supporting—even an asset. With more than 25 years of experience in the hospital field, LINDE has shown hundreds of hospitals how to bring paying efficiency to oxygen administration.

1. A LINDE specialist studies the conditions under which oxygen is administered in a hospital.
2. He makes recommendations for correcting any faulty practices that are found and assists in carrying out these recommendations.
3. He works with the business office to establish a system of charges for oxygen therapy that are fair to both the patient and the hospital.

To start the ball rolling in your hospital, just call your LINDE distributor, or write your nearest LINDE office.



LINDE AIR PRODUCTS COMPANY

A Division of Union Carbide and Carbon Corporation

30 East 42nd Street  New York 17, New York

Offices in Other Principal Cities

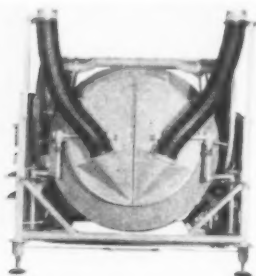
In Canada: Linde Air Products Company, Division of Union Carbide Canada Limited, Toronto

The term "Linde" is a registered trade-mark of Union Carbide and Carbon Corporation.

WHAT'S NEW

Floor Space Reduced in Pre-Drying Tumbler

Improvements in the Purkett Pre-Drying Conditioning Tumbler include the



re-location of the vent hoses in the newly designed doors. Less floor space is thus required for the new unit. Another improvement on the new model is an automatic door latch to hold the doors tightly shut, causing the heat and lint to escape through the vent hoses and not into the work room. The latch automatically releases as the cylinder swings to dump position for quick and easy removal of dried laundry.

Other improvements which give superior quality conditioning for flat work and garments and result in time and labor savings, include an improved type of coupling on the cylinder drive; larger Sealmaster bearings and shafts for more

strength; positive condensate removal, and a four-belt drive to eliminate slip-page and absorb shock. **Purkett Mfg. Co., Joplin, Mo.**

For more details circle #234 on mailing card.

Wet Strength Towels in Two Colors

C.C. Wet Strength Professional Towels are now available in dualtone—green-tinted on one side to eliminate glare, and white on the other. They are made



with melamine resin, a development of American Cyanamid Company, and are soft, highly absorbent and lint-free. They are economical in use and are also available in all white. **Cross Country Paper Products Corp., 67 Newmans Court, Hempstead, L.I., N.Y.**

For more details circle #235 on mailing card.

Reach-In Refrigerator With Mobile Food File

The new Koch Series "M" line of reach-in refrigerators with completely adjustable, removable and interchangeable interiors, features a mobile food file. This unit is completely self-contained in a frame and equipped to slide in and out of lower doors to a special cart for transportation. The food file may be loaded with 18 by 26 or 14 by 18 inch trays for bulk or one-at-a-time handling. The Series "M" also has a pan file for economical storage of standard size pans.

The series is available in one, two, three or four-section widths, front opening or pass through, with solid or glass doors, self-contained or remote, porcelain or stainless steel, for medium or frozen storage and in 26 or 34 inch depths. Pedestal legs allow easy under-



cabinet cleaning. **Koch Refrigerators, Inc., 401 Funston Rd., Kansas City 15, Kansas.**

For more details circle #236 on mailing card.

Technicians Prefer Despatch LABORATORY OVENS

**SPEEDY
ACCURATE
RESULTS**

Model V-31.
37" x 25" x 50".
12 KW. Max. Temp. 500 F.



An exacting testing and production oven that provides very close heat uniformity. Built-in indicating temperature controls. Emphasis has been on heavy construction . . . even heat distribution . . . capacity loads at high speed . . . ability to "stand the gaff"—even under continuous 24-hour-a-day usage. Six sizes and types are available for the endless variety of heating, drying, baking and testing processes. Write for Bulletin No. 107.

**ovens
for all
purposes**



DESPATCH
Established OVEN CO. in 1902

333 Despatch Building
MINNEAPOLIS 14, MINNESOTA

Sound Can Be Added With Pageant Projector

Narration and background music can be added to any 16 mm film by administrators, doctors, instructors or others with the new Kodascope Pageant Sound Projector, Magnetic Optical. No special equipment is required to enable a hospital to add its own sound track to any film. The magnetic track can be added to the sound film with the conventional "optical" track. Narration or music can be erased and re-recorded as often as desired to provide different messages for various groups. The new machine makes it possible to provide great versatility in the use of film.

The projector can be used in adding sound tracks to films of surgery, in changing narration on commercial films to adapt them for special needs, and in changing sound tracks of films prepared for public relations use. The projector can also be used in perfecting a script for later recording on a permanent optical sound track. Sound movies can be made with the new machine at minimum cost. The new Magnetic-Optical Projector has all the features of the Kodak Pageant line. **Eastman Kodak Company, Rochester 4, N. Y.**

For more details circle #237 on mailing card.

(Continued on page 236)

A brighter outlook comes
with a "sense of well-being"



Every woman who suffers in the menopause deserves "Premarin."

"Premarin" provides prompt relief from distressing symptoms and an added "sense of well-being."

"Premarin," available as tablets and liquid, presents the complete equine estrogen-complex. Has no odor, imparts no odor.

"PREMARIN"®
Conjugated estrogens (equine)

in the menopause and
the pre-and postmenopausal syndrome



AYERST LABORATORIES • New York, N. Y. • Montreal, Canada

5643

WHAT'S NEW

6 hours of work Now Done in One Hour With the A-F "Panhandler"



Washes and Sanitizes Metal Food Containers and Cooking Utensils in a fraction of the time required by old fashioned hand soaking!

All metal utensils and containers for cooking, baking, transporting and storing foods can now be machine washed, mechanically at highest temperatures . . . a far more rigid sanitary procedure . . . protects food flavors from contaminating residues.

Just load, set the dial and the A-F Panhandler does the rest — "wash — rinse — drain" with signal to show completion.

No stooping or lifting. Loads at normal work table height. Operates at elevated temperature to flash dry and sanitize . . . only 3'4" x 5'4 1/2" floor space — Steam, Gas or Electric.

Write for Bulletin—to-day!

THE ALVEY-FERGUSON CO.

215 Disney Street, Cincinnati 9, Ohio
Representatives—Coast to Coast

Posture Chair Has Saran Webbing

Saran Webbing, the impervious woven webbed tape made from Firestone Velon®, is used for the seat and back of



the new adjustable Bevco PS-31 posture chair. The low-cost chair has five-way adjustment of seat and back, for height and comfort. This includes a special development permitting height control of the front edge of the seat to prevent it binding against the user's legs.

Nylon thrust bearings prevent squeaks in the chair and the Seng Mechanism for raising and lowering the seat guards against wear and assures the desired position. The chair is mounted on four ball-bearing casters. The comfortable, long wearing Saran Webbing is available in a choice of colors which can be arranged in solid, checked or plaid patterns. Precision Mfg. Co., 829 Chicago Ave., Evanston, Ill.

For more details circle #238 on mailing card.

Tecfab Building Panels for Modern Construction

The result of ten years of research and development, Tecfab Panels of light weight masonry composition are new in design, use and economy. Consisting of a corrugated steel core embedded in precast perlite concrete, the Tecfab Panel can be used for complete wall, interior partition, floor and roof systems. It is quickly erected and features low initial, installation and maintenance costs.

Practically any color and texture of exposed aggregate can be produced for the exterior face of the panels. The surface can be alternately finished with corrosion-proof metal or any other desired material. The interior face of smooth white perlite concrete can be left with the natural finish or painted. The panels are four inches thick, have high strength exterior concrete, are easily handled and available in virtually any size or shape desired. Tecfab is an advanced, versatile, precast wall paneling system for all modern construction. Tecfab, Inc., Beltsville, Md.

For more details circle #239 on mailing card.

(Continued on page 238)

Where Electricity Must Not Fail!



SPECIFY **ONAN** *Emergency* **STANDBY ELECTRIC PLANTS**

Onan engine-driven standby electric plants supply emergency electricity for lighting corridors, wards, operating rooms, delivery rooms, receiving rooms and other critical areas; provide power for operating heating systems, ventilators, elevators, X-ray machines, oxygen tents, aspirators and other vital electrical equipment.

With an Onan Standby Electric Plant, your hospital is assured of electric power at all times . . . for all essential requirements, safeguarding patients and personnel. Operation is automatic. When highline power is interrupted, automatic controls start the plant and transfer the load. When power is restored, the Onan unit stops automatically.



Model 15HQ
15,000 watts

SIZES AND MODELS FOR EVERY NEED

- Air-Cooled: 1,000 to 10,000 watts
- Water cooled: 10,000 to 75,000 watts

Available unboxed or with steel housing as shown.

**Write for Folder
on Standby Power**

Describes scores of standby models with complete engineering specifications and information on installation.

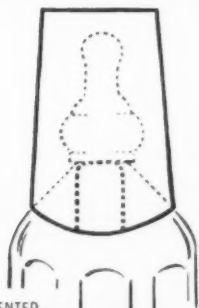


D. W. ONAN & SONS INC.

3551 University Ave., S.E., Minneapolis 14, Minn.

The MODERN HOSPITAL

Remember...



*PATENTED

NipGard
TRADEMARK

DISPOSABLE NIPPLE COVERS...

provide space for identification and formula data... instantly applied to nipple; save nurses time... cover both nipple and bottleneck. Do not jar off. No breakage. Use No. 2 NipGard for narrow neck bottle... use No. H-50 NipGard for wide mouth (Hygeia type) bottle. Be sure to specify type desired.

THE QUICAP COMPANY, Inc.
110 N. Markley St. Dept. MH
Greenville, South Carolina

for quick, dependable protection to nursing bottles... use the original NipGard® covers. Exclusive patented tab construction fastens cover securely to bottle • For High Pressure (autoclaving)... for Low Pressure (flowing steam).



Your hospital supply dealer has NipGards. Professional samples on request.

Sierra-SHELDEN TRACHEOTOME
PAT. APPLIED FOR



Shown above: Complete assembly and replaceable components



Before using, see complete technique packed with Tracheotome

The Sierra-SHELDEN TRACHEOTOME is a complete instrument. Scientifically designed—precision made—thoroughly tested and proved on hundreds of cases. Safety-guide needle directs protective balled-end of trocar into the trachea.

All parts replaceable. Complete, fully illustrated step-by-step INSTRUCTION BOOKLET packed with each instrument.

"Made for specialists—by specialists."

WRITE FOR FREE CATALOG

Available through Surgical Supply Dealers

DIVISION Sierra Engineering Co.

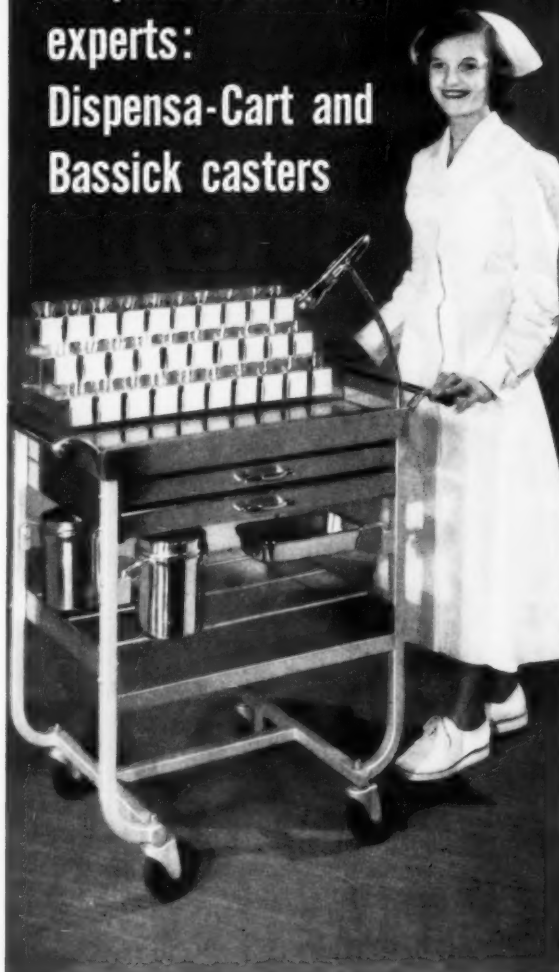
123 E. MONTECITO AVE., SIERRA MADRE, CALIF.

R.A. HAWKS

Perform
COMPLETE
TRACHEOTOMY
IN SECONDS!

Insert
GUIDE NEEDLE;
follow with
TROCER—TUBE;
Remove NEEDLE,
Remove TROCER,
THAT'S ALL!

**Hospital efficiency
experts:
Dispensa-Cart and
Bassick casters**



The A. S. Aloe's Dispensa-Cart saves time, includes everything a nurse needs for medicine dispensing, and makes for one-trip service.

Just as efficient are the smooth-rolling, easy swiveling Bassick Diamond Arrow casters it rides on. Smooth-rolling with their big rubber wheels and self lubricating bearings. Easy-swiveling because of Bassick's exclusive two-level ball-race construction.

No wonder you see so many Bassick casters on hospital duty. They keep maintenance to a minimum, protect the floors they roll on and provide safe, sure mobility. There are sizes and styles for every hospital job. Use them. And look for Bassick glides and casters as a sign of quality on the hospital equipment you buy. THE BASSICK COMPANY, Bridgeport 5, Conn. In Canada: Belleville, Ont. 7.51



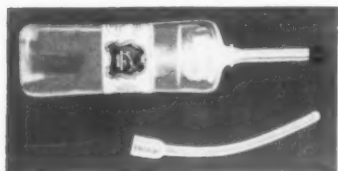
Bassick
A DIVISION OF

STEWART
SW
WARNER

MAKING MORE KINDS OF CASTERS MAKING CASTERS DO MORE

WHAT'S NEW

Oil Retention Enema Added to Disposable Line



The line of Clyserol disposable enema products now includes an Oil Retention Enema. The enema is packaged in a flexible plastic container which may be

discarded after use, eliminating messy clean-up. Preparation time is saved through use of the packaged disposable oil unit and the possibility of oil damaging rubber equipment is eliminated.

The flexible container comes complete with applicator stem. An extension tip of soft, pliable plastic with rounded end, which provides an added insert length of five inches, is furnished with each package. The solution used in the new Oil Retention Enema is U.S.P. mineral oil. Clyserol Laboratories, Inc., Box 1977, Oklahoma City, Okla.

For more details circle #240 on mailing card.

Easier Handling of Disinfectants With Redesigned Package

Lysol, O-syl and Amphyl disinfectants are now available in redesigned packages for easier handling. Sturdy, lightweight metal cans replace glass jugs, eliminating breakage, reducing weight and simplifying handling. The new lithographed cans have durable handles and spouts with convenient closures. Complete dilution



and use directions are given on the modernized labels on each can. Packed in individual containers with tear tapes for quick opening, the new one-gallon cans are readily removed by their new easy-grip handles. Lehn & Fink Products Corp., 445 Park Ave., New York 22.

For more details circle #241 on mailing card.



Bethesda Hospital
Cincinnati
Architect: John Hargrave
Cincinnati
Salad and Dessert
Preparation
Pot Washing Area

Ashland Oil & Refining Company
Ashland, Kentucky
Architect: G. A. Lusk • Ashland
Employees Cafeteria Counter



Van hospital and industrial cafeteria clients honored

★ Bethesda Hospital and Ashland Oil & Refining Company have joined the parade of Van clients whose food service has been honored in national competitions of the magazine INSTITUTIONS. Van takes pride in helping equip these Honor Award Winners.

★ For establishments like Ashland Oil's cafeteria where 250 lunches are provided or larger problems such as to service 1200 meals daily . . . Van gives the same conscientious attention. That's why Bethesda has used Van services for more than a quarter century and reports that with Van help personnel savings have cut overall food service costs 25%.

★ When you have food service equipment needs . . . new, expansion or modernization such as Bethesda's . . . use Van's century of experience.

The John Van Range Co.

EQUIPMENT FOR THE PREPARATION AND SERVING OF FOOD

Branches in Principal Cities

401-407 EGGLESTON AVENUE

CINCINNATI 2, OHIO

Nylon Elastic Hose in Super-Sheer White

The addition of pure white to the line of Scholl Super-Sheer 51-gauge nylon elastic stockings makes them now available for nurses. The hose are full-fashioned and full-footed, eliminating the need for wearing a second pair of stockings. The durable hose may be washed regularly and have the appearance of regular nylon hose. Dr. Scholl's, 213 W. Schiller St., Chicago 10.

For more details circle #242 on mailing card.

Cleaner for Stainless Steel Leaves Stain Resistant Coating

Spots, finger prints and stains are easily removed from stainless steel and Monel with Lac-O-Nu Metal Cleaner. At the same time it leaves a clean, hard, stain-resistant finish which is readily cleaned by wiping with a clean cloth or one dampened with Lac-O-Nu. The new solvent cleaner can also be used to remove stains and spots from plastic and leatherette without damage to the color or finish, according to the report.

For heavy duty cleaning Nu-Steel No. A-150 is said to remove lime stains from dishwashers and coffee urns and heat tints and carbonized areas on stainless steel. United States Pumice Supply Co., Inc., 6331 Hollywood Blvd., Los Angeles 28, Calif.

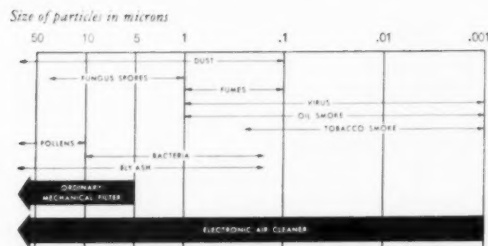
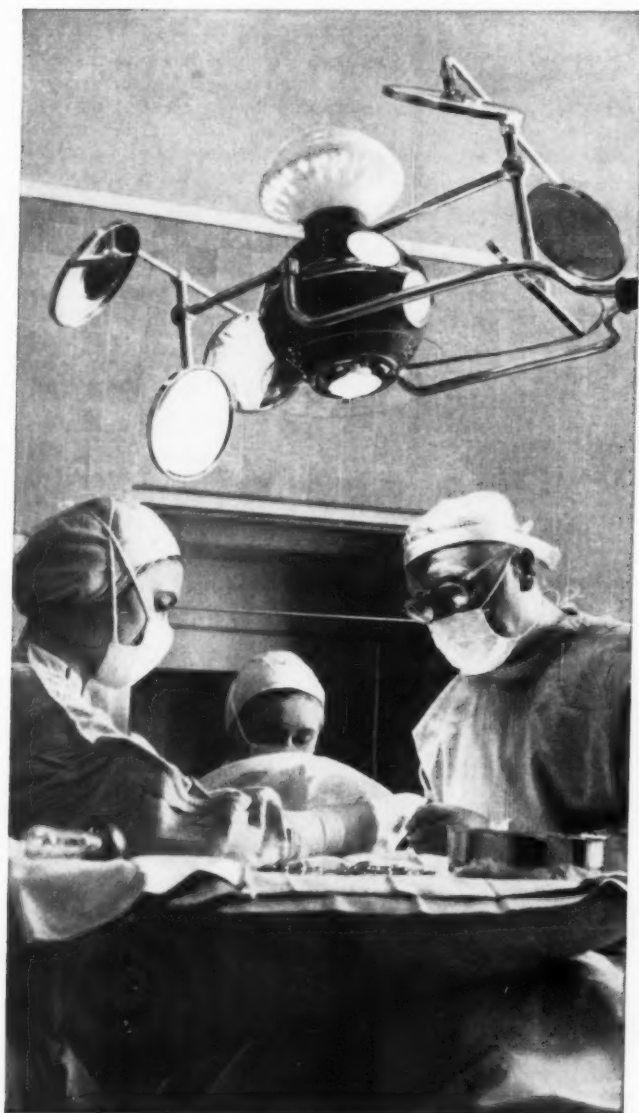
For more details circle #243 on mailing card.

(Continued on page 240)

WHO SAID DIRT CHEAP?

Can you afford less than maximum protection from air-borne dirt?

Honeywell's New Electronic Air Cleaner traps air-borne carriers of disease that ordinary mechanical filters miss



HERE'S PROOF—

As shown above, common air-borne contaminants range in size from 50 to .001 microns. In this area are the major causes of many respiratory ills and much soiling. Notice the scope of protection offered by the Honeywell Electronic Air Cleaner. It removes not only the large coarse particles, but the microscopic carriers of dirt and disease, as well. For all practical purposes, the ordinary mechanical air filter removes very little under 5 microns in size.

Now Honeywell, world leader in automatic controls, makes available a major new contribution toward complete hospital sanitation—an air filtration system having a bacterial and viral arrestance of 90% or more.*

With Honeywell's new Electronic Air Cleaner, both patients and personnel enjoy the added protection of an almost germ-free atmosphere.

This sterilized atmosphere is a truly new kind of safeguard not possible with ordinary mechanical air filters that miss many sub-microscopic carriers of disease. It means drastically reduced cleaning and redecorating costs, too.

These benefits are ample reason for you to consider a Honeywell Electronic Air Cleaner for your hospital. For details, see your architect or engineer. Or call your local Honeywell office. Address inquiries to Dept. MH-5-94, Minneapolis 8, Minn.

*According to studies made by U. S. Bacterial Warfare Center, Camp Detrick, U. S. A.

MINNEAPOLIS Honeywell



First in Controls

112 Offices across the nation

POWERFUL NEW PLUNGER CLEARS CLOGGED TOILETS IN A JIFFY!



Clear messy, stuffed toilets
Cut maintenance costs with

'TOILAFLEX' Toilet ALL-ANGLE Plunger

Ordinary plungers don't seat properly. They permit compressed air and water to splash back. Thus you not only have a mess, but you lose the very pressure you need to clear the obstruction.

With "TOILAFLEX", expressly designed for toilets, no air or water can escape. The full pressure plows through the clogging mass and swishes it down.

Order a "TOILAFLEX" for your own home too.
Positive insurance against stuffed toilet.

\$265 Fully
Guaranteed

Order from your Supplier of
Hardware or Janitor Supplies

- Accordion-action design to flex at any angle
- Double-size cup blasts double pressure, aimed directly at obstruction
- Tapered suction-grooved tail gives air-tight fit

THE STEVENS-BURT CO., NEW BRUNSWICK, N. J.
A Division of The Water Master Company



Hospitals recognize TURN-TOWL economy

WITHIN past months, prominent hospitals in Altoona, Pa., Columbus, Ohio, Manchester, N.H., Houston, Texas, Wilkes-Barre, Pa. and Rochester, N.Y. have switched to Mosinee Turn-Towls. They recognize that pure soft-wood fibre Turn-Towls and controlled Turn-Towl dispensing cabinets cut towel consumption so that wash-room towel costs drop sharply.

BAY WEST PAPER CO.
GREEN BAY • WISCONSIN
Subsidiary of Mosinee Paper Mills Co.

MAIL THIS COUPON TODAY

BAY WEST PAPER COMPANY
1118 West Mason St., Green Bay, Wis.

Please send me the free Turn-Towl Kit with full facts on Turn-Towl service.

Firm _____

Name _____

Address _____

City _____

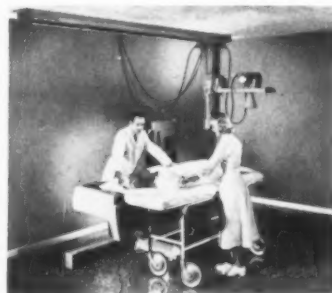
Zone _____

State _____

WHAT'S NEW

Aristocrat X-Ray Is Diagnostic Unit

A functionally complete diagnostic x-ray unit at minimum cost is offered



in the new Aristocrat. Assembly line manufacturing methods have made the low cost possible. Features of the Aristocrat include a full-size 81-inch table with motor-driven tilting over a 105 degree range, overhead x-ray tube support, automatic fluoroscopic spot-film device, powerful medium-range transformer and control and two heavy duty x-ray tubes.

The automatic spot-film unit, designed to expedite fluoroscopic examination, is an outstanding feature of the new machine. It will accept eight by ten and ten by twelve inch cassettes interchangeably and takes up to four exposures on each film. Cassettes move into and out of exposure position automatically.

A sealed phototiming element assures consistent film density without constant attention. The new Recipromatic Bucky grids ensure clear, sharp film images. Extra personnel protection from x-ray is afforded by folding steel panels. The overhead x-ray support provides operating convenience, while featuring broad radiographic coverage and ease of positioning. General Electric X-Ray Dept., Milwaukee 1, Wis.

For more details circle #244 on mailing card.

Lightweight Valet of Chromed Steel Tubing

Chromed steel tubing is used to form the new lightweight Portable Valet #1074. Another in the Gaychrome Sturd-i-brite line of hospital equipment items, it can be easily moved to various rooms or departments for meetings or regular wardrobe storage. Space includes double-tiered hat rack with coat hanging bar. It is available in three, four or five foot lengths. The 20 inch deep base, equipped with easy-rolling casters, is well balanced and the unit stands 70 inches high. It is quickly assembled with only eight bolts and the telescoped frame can be disassembled for easy carrying when it is not convenient to wheel the unit. Model #1075 of the Portable Valet has a single hat rack and stands 67 inches high. The Gaychrome Mfg. Co., 1079 Southbridge, Worcester, Mass.

For more details circle #245 on mailing card.

(Continued on page 242)

CRES-COR®

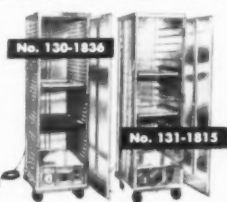
TRIED and TESTED... THE BEST!



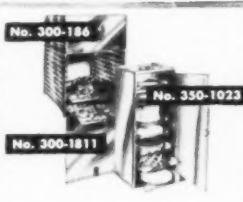
Crescent Utility Rack



Crescent Utility Cabinet



Crescent Hot-Cold Cabinet



Crescent Utility Hand-Lift

SEE YOUR CRES-COR DEALER OR WRITE FOR MORE INFORMATION.

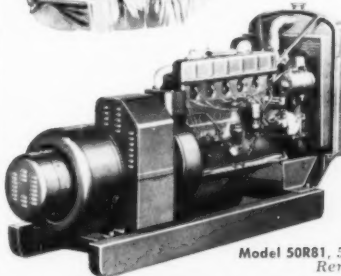
ALUMINUM MAGNESIUM STAINLESS
CRES-COR metal products, inc.
18901 ST. CLAIR AVE CLEVELAND 10, OHIO
Originators of corrugated wall, multiple pan, aluminum food handling equipment

KOHLER ELECTRIC PLANTS

Is your hospital protected against power failure hazards?



When central station power is cut off by a storm or accident, Kohler stand-by electric plants take over critical loads automatically—run for days if necessary. Insure uninterrupted use of lights in operating and delivery rooms, nurses' call bells, communicators, X-rays, iron lungs, heating systems, baby incubators—equipment vital to patients' care. Sizes 1000 watts to 50 KW, gasoline and diesel. Write for folder 1-G.



Model 50R81, 50 KW, 120/208 volt AC. Remote starting.

Kohler Co., Kohler, Wisconsin. Established 1873

KOHLER OF KOHLER

PLUMBING FIXTURES • HEATING EQUIPMENT
ELECTRIC PLANTS • AIR-COOLED ENGINES • PRECISION CONTROLS



first see General floorcraft's amazing new floor maintenance machines — then decide!

When you've seen the revolutionary GENERAL KR Deluxe Machines, with more features than you can count... (another First in America's Foremost Line of Quality Floor Machines), you'll find now, as always, GENERAL FLOOR MACHINES CANNOT BE OUTDONE!

THESE QUALITIES MAKE GENERAL THE 'PACE-SETTER'!

- PRECISION ENGINEERING
- RUGGED CONSTRUCTION
- MAINTENANCE-FREE OPERATION
- MANY LABOR-SAVING FEATURES
- PERFECT BALANCE — LOW CENTER OF GRAVITY
- ALL CORROSION-RESISTANT POLISHED METALLIC SURFACES

Popular Price KC Series in 12", 14", 16", 18", 20" sizes.



General FLOORCRAFT, INC.
421 Hudson St., New York 14, N. Y.

World's Most Complete Line of Floor Machines For Home, Industrial and Institutional Use

General's New KR Deluxe Machines with These New PLUS Features!

1. EZEE-ADJUSTO HANDLE — fully adjustable for space-saving storage, for height of any operator, or for pivotal operation.
2. EZEE-ROLL WHEELS — two 6" wheels, with semi-pneumatic tires.
3. WRAP-A-ROUND BUMPER — made of non-marking white rubber.
4. AUTO-MATE SAFETY SWITCH — for right or left hand operation.
5. NON-MARKIT grey rubber cord.



KR-14 — 15" diam. operating brush spread
KR-16 — 17" diam. operating brush spread
KR-18 — 19" diam. operating brush spread



General Wet and Dry E-Con-D-Vac Commercial Vacuum Cleaner Model 66 and 55

MAIL COUPON FOR INFORMATION ON REDUCING FLOOR MAINTENANCE COSTS!

- ☐ Have Distributor call on us.
- ☐ Send complete information, literature and prices.

COMPANY _____

STREET _____

CITY _____ STATE _____

MY NAME _____ TITLE _____ MH. _____

WHAT'S NEW

New impressive performance
New distinguished appearance

THE
BECK-LEE

Cardi-all

DIRECT-WRITING
ELECTROCARDIOGRAPH



MORE THAN EVER, the Beck-Lee *Cardi-all* is truly a superior EKG instrument. New, exclusive Lifetime-Guaranteed Standardization Cell and Solid Mahogany Cabinet add prestige and lasting accuracy to its already famous features:

- Clinical Accuracy
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- Simplicity of Operation
- Light-weight Portability
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Realistically Priced at only \$595

Ask for a demonstration.
Mail the Coupon Today!

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- BECK-LEE CORPORATION
- 630 W. Jackson Blvd.
- Chicago 6, U.S.A. Dept. MH-557
- Please send full details on the new *Cardi-all*, and name of the nearest *Cardi-all* dealer
- Name
- Address
- City Zone State

Redesigned Line of Spirit Duplicators

Several new improvements have been made in the Heyer line of Mark II Con-



queror spirit duplicators. Both the electric and hand driven models feature a new feed mechanism that works only in a forward motion for smooth continuous action.

Model 76 automatic electric duplicator also incorporates new high precision clutches, nylon gears, and an 11 and 14 inch cylinder stop. The motor bar to start the motor and feed is now on the operator's side for convenience. Model 70 hand-operated duplicator has a new feed release button and paper stackers. Both models print 110 copies per minute in one to five colors. **The Heyer Corp., 1850 S. Kostner Ave., Chicago 23.**

For more details circle #216 on mailing card.

Tray Dispenser Is Mobile Unit

The new AMF Lowerator Dispenser for trays is a mobile floor type unit of



all stainless steel construction. Proper alignment of the tray stack is maintained by two guides which also prevent trays from shifting when the unit is being wheeled about. Up to 150 trays can be stored and dispensed at service level in the new mobile unit. The Lowerator Tray Dispenser has a push-pull handle and all-swivel, rubber tired casters for easy handling. **American Machine & Foundry Co., 261 Madison Ave., New York 16.**

For more details circle #247 on mailing card.

(Continued on page 243)



avoid transmitting infectious diseases

USE REDI-LANCE

Dependable • Economical
Ready to Use • Disposable

Specify **REDI-LANCE**
the sterile blood lancet. Your dealer stocks it!

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determination of

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WHAT'S NEW

Hot Canned Food from Counter-Type Vendor

A new machine which vends ten selections of hot canned food can be placed on a counter, table or mounted on the wall with a special rack. Designed for



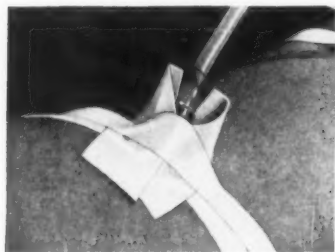
schools, hospitals and other institutions, the unit offers piping hot food in the original can, yet occupies little space.

The unit has a 50 can capacity which is quickly loaded from the top by a gravity feed. The machine weighs 96 pounds and is 26½ inches wide, 20 inches high and 11½ inches deep. It operates with push button control on any standard 110 A.C. outlet. The vendor, designed for Campbell Soup Company, is finished in red and white baked enamel. Fedam Company, 7922 Grand Ave., Elmwood Park, Ill.

For more details circle #248 on mailing card.

IV Set Anchor Provided with InFuSupport

A new tape appliance designed to anchor intravenous equipment when in use is provided in InFuSupport. The foundation of the InFuSupport is a patented, precision-cut collar, mounted on a strip of surgical tape. The collar and three pre-cut accessory strips are mounted on a pocket-sized dispensing card. A



sturdy foundation for the infusion needle is constructed without the use of supporting cotton or gauze with the new device which is quickly applied.

The InFuSupport holds the needle and tubing firmly in position, resisting movements which might ordinarily dislodge the needle or puncture the vein. Nursing time is saved and patients are more comfortable when the device is used. Medical Products Division, W. H. Brady Co., 727 W. Glendale Ave., Milwaukee 12, Wis.

For more details circle #249 on mailing card.

(Continued on page 244)

Now- YOU CAN CUT FLOOR MOPPING COSTS



"FLOOR-PRICE"
Mopping Outfit
for mops up to 24 oz.

Geerpres Mop Wringers Save Mopping Time (and Mops, Too!)

Powerful, controlled squeezing action, provided by interlocking gears, wrings mops really dry—without tearing or twisting. Fast, splash-free operation speeds mopping and reduces costly labor.

Highest quality materials and construction assure long, trouble-free service. Exclusive electroplated finish gives Geerpres wringers maximum corrosion resistance. Buckets either galvanized or stainless steel. Ball-bearing, rubber casters for easy moving . . . do away with lifting and splashing.

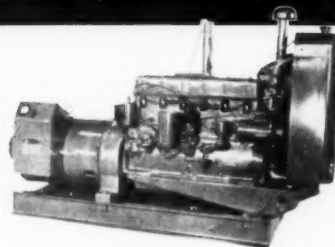
Write now for catalog listing all types and sizes, accessories, hints for more efficient mopping.

GEERPRES WRINGER, INC.
P. O. BOX 658 MUSKEGON, MICHIGAN

SAFEGUARD POWER WITH ELECTRIC PLANTS BUILT FOR STAND-BY SERVICE

**Universal
of Oshkosh**

ELECTRIC POWER AND LIGHT PLANTS
MARINE ENGINES



Gasoline 35 kw. model—lowest investment, highest capacity.

WRITE FOR SPECIFICATIONS,
LITERATURE, PRICES

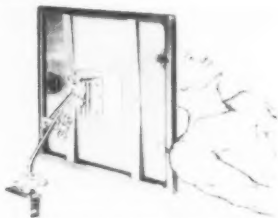
UNIVERSAL MOTOR COMPANY
640 Universal Drive, Oshkosh, Wisconsin
Please send me complete literature and specifications on Universal Electric Power and Light Plants for emergency hospital service.

Name
Hospital
Position
Address
City State

For nearly 25 years, Universal has been designing and building stand-by electric power and light plants having special features for emergency service. In the broad, selective line are modern models for stand-by service that offer greatest dependability—plus the additional advantages of exactly the type and size you require . . . fully automatic transfer controls . . . smaller, more compact size . . . quiet, smooth operation . . . low prices. Gasoline models range up to 35 kw. . . diesel models in all sizes from 10 to 35 kw. and larger. Also air-cooled models up to 12,000 watts.

WHAT'S NEW

Locking Nut for Cassette Holder



A new Capstan "Spoked" Locking Nut has been developed to improve

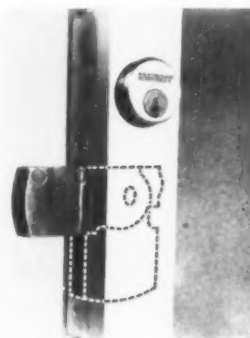
speed, ease and safety of use of the new Plymale Magnetic Cassette Holder.

The relatively new cassette holder permits more rapid processing of patients and the set-up time is further reduced with the new locking nut. The nut has projecting spokes for maximum leverage and locks into position instantly to hold a cassette in any desired angle. The holder is instantly loosened by an easy counter-clockwise turn, according to the manufacturer. **Enco Mfg. Co., 4520 Fullerton, Chicago 39.**

For more details circle #250 on mailing card.

Pivot Bolt Lock for Narrow Stile Doors

To meet the need for a secure lock for narrow stile aluminum-and-glass doors, Kawneer has developed the Maximum Security 1850 Lock. Action of the lock



relies on a hardened steel bolt in a hanging-down position when unlocked. When triggered into action by a half-turn of the key in the cylinder, the bolt pivots up into lock position.

The construction permits a long bolt throw of $1\frac{1}{8}$ inches from a backset as short as one inch. There is as much bolt within the lock chamber as is projected making the opening blocked with a solid bar of hardened steel. Many designs are possible with the four styles of interchangeable hardware available. **Kawneer Company, Niles, Mich.**

For more details circle #251 on mailing card.

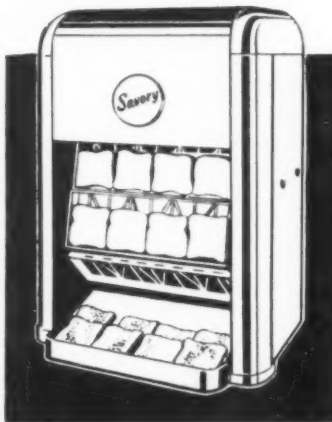
FAST FOOD SERVICE REQUIRES fast toast production



Fast food service is essential to serve on-time breakfast trays—with plenty of crisp delicious hot toast—and a stainless steel Savory gas or electric toaster is essential to fast food service because a single unit easily produces up to 12 slices per minute at lowest operating cost.

A Savory Toaster automatically unloads fresh hot toast, ready for serving, by means of its continuous conveyor system—and a toasting basket is *always* ready for loading. This reduces work-load and eliminates delay at the toasting station—and the perfect degree of crispness, color and texture of every slice is guarded by automatic time and temperature controls.

Ask your dealer or write for details to:



- Models producing 6 to 12 slices per minute
- Requires less than 2 square feet of space.
- Gas models cost as little as $\frac{3}{4}$ ¢ an hour to operate; electric models require low connected loads.
- Easy to install, operate, keep clean and spotless.

Savory EQUIPMENT, INCORPORATED
120 PACIFIC ST., NEWARK, N. J.

TV Projection System for Wall-Sized Pictures

Designed for easy viewing of closed-circuit, educational and special events by large groups in classrooms or auditoriums, the GPL Portable Television Projection System throws large, brilliant pictures on a wall-sized screen. The new Model PB-611A with an improved optical system provides sharp, clear pictures



approximately four times as bright as earlier GPL models. Pictures from six to 16 feet or more can be projected by the new model on any suitable screen. The unit has been simplified for easier operation and control. **General Precision Laboratory Inc., Pleasantville, N.Y.**

For more details circle #252 on mailing card.

WHAT'S NEW

Luminous Ceiling in Complete Package

The new Wakefield Magic Ceiling is a completely packaged luminous ceiling designed to provide high quality lighting in waiting rooms, offices and other



areas where quick and economical installation is required. The package consists of electrical channels for fluorescent lamps, and steel grids which carry the Wakon-vinyl plastic diffusers.

Standard sizes range from 6 by 8 to 24 by 28 feet. Diffusers do not touch the side walls and may be installed almost wall-to-wall or within two feet of ends or sides of a room. The eleven standard sizes fit almost any room, as small as 8 by 10 or as large as 28 by 32 feet. Minimum number of 40W RS lamps is ten, maximum is 49. Information on the Magic Ceiling is available from any local Graybar representative. It is manufactured by The Wakefield Co., Vermilion, Ohio.

For more details circle #253 on mailing card.

Janitor Service Cart Is Easy to Handle

The new Lexco Econo-Cart employs a tubular steel frame equipped with two 2 1/2 inch composition wheels which allow the unit to move easily over all



floor surfaces. The white five-bushel capacity bag is suspended from the frame on movable hooks for easy replacement and removal of the bag. A fire resistant olive drab bag is available at additional cost. Lexco Engineering & Mfg. Corp., P.O. Box 161, Colmar, Pa.

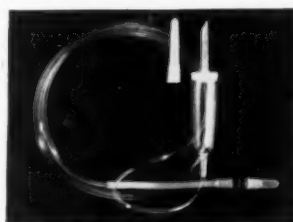
For more details circle #254 on mailing card.

(Continued on page 246)

Sterile Disposable Set for Commercial Solutions

The IV50 administration set for commercial solutions is a low-cost sterile disposable unit. The "mond-mold" Styrene construction assures an even flow of solution and safety from air leaks. The bottle insertion tip fits all standard commercial solution bottle stoppers and will puncture the outlet diaphragm without pre-puncturing. Supplementary medication can be added through a self-sealing rubber section included on the tubing, avoiding the discomfort to the patient of an additional venipuncture.

Transparent Styrene is used for the needle adapter. The same set comes with



needle, IV50N, The Sterilon Corp., 500 Northland Ave., Buffalo 11, N.Y.

For more details circle #255 on mailing card.

"OUTSTANDING DIRECTION"

A prime requisite for reaching your building fund goal



Henry V. Murphy, Architect

A recent building fund campaign, directed by Ketchum, Inc., has exceeded its goal and will make possible this imposing new School of Nursing and Residence at the Benedictine Hospital, Kingston, New York.

GOAL
\$400,000
PLEDGED
\$435,000

Looking back on a successful building fund campaign for a School of Nursing and Residence at Benedictine Hospital, Kingston, New York, administrator Sister M. Berenice had this to say: "We are delighted with the success of our campaign . . . the three men whom you sent us were excellent. The outstanding direction . . . and the splendid assistance and cooperation contributed very much to the fine reaction of a loyal, enthu-

siastic public toward our hospital."

Because of this success, the community now will have an adequate supply of nurses to take care of current needs and to draw from in times of emergency.

Ketchum, Inc. has also helped other communities raise funds for nurses' homes and hospitals. Our advice, based upon thirty-eight years of experience, is offered to your Board without obligation.

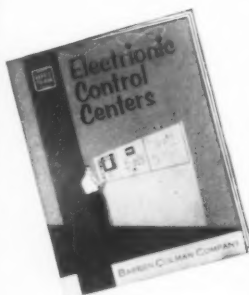


KETCHUM, INC. Campaign Direction

CHAMBER OF COMMERCE BUILDING, PITTSBURGH 19, PA.
CARLTON G. KETCHUM, President; NORMAN MAC LEOD, Executive Vice President
MC CLEAN WORK, First Vice President; W. M. MEGRONIGLE, Vice President
500 FIFTH AVE., NEW YORK 36, N.Y.; H. L. GILES, Eastern Manager
JOHNSTON BLDG., CHARLOTTE 2, N.C.; G. E. MATTISON, Southeastern Manager



Electronic Control Centers



**Provide . . .
pushbutton comfort,
remote temperature control,
visual supervision**

A "unified source of control," years ahead in design, that meets the precise control needs of today's modern buildings. Designed and developed by recognized specialists in the temperature control field. Has built-in flexibility of "electronics" to automatically control and synchronize the many functions of a building's mechanical and electrical systems. Saves many dollars on installation and operating costs and adds such desirable features as remote temperature adjustment, schematic illustration, temperature indication, records of performance, etc.

▲ **SEND FOR YOURS TODAY** — Features, advantages, functions, designs, and specifications are described and illustrated in detail in our new eight-page color brochure. To request your free copy, write to Barber-Colman Company today and ask for Brochure F-8031.

BARBER-COLMAN COMPANY

Dept. Q, 1346 Rock St., Rockford, Illinois, U.S.A.

Keeps liquids **HOT** or **COLD**

GRAND NEW *Stanley* PITCHER-SERVER

Full Quart Capacity!

- For room and bedside drinking water
- For dining room serving of "second cups" (eliminating those trips back to the kitchen)
- For dining car table use
- For steamship staterooms



Wall Bracket For Extra Convenience

Handsome chrome-plated wall bracket holds pitcher-server snugly and safely. Padded lining protects polished chrome finish.

ORDER FROM YOUR SUPPLIER
OR WRITE:

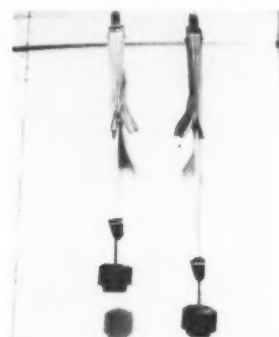
STANLEY INSULATING DIVISION

of Landers, Frary & Clark, New Britain, Conn.

WHAT'S NEW

Sensitex Surgeon's Gloves Have Softness and Strength

The stretch test illustrated indicates how the new Sensitex surgeon's glove at the right stretches farther under the



same weight than the standard high quality surgeon's glove at the left. The new glove is described as 33 per cent softer before use and 56 per cent softer after five sterilizations, with greater strength and tear resistance than the other glove shown. It is less tiring to the hands and more sensitive to the touch.

The new glove is the result of research and experiment and a new continuous-process unit for its manufacture. A new electronically-controlled dipping process is designed to eliminate the possibility of human error. The system maintains uniformity of thickness in dipping the hand-like forms by exact control of the process. This, in addition to the rigid quality controls maintained in every step of manufacture, results in the stronger, thinner, more long lasting gloves with high touch sensitivity. **B. F. Goodrich Industrial Products Co., 500 S. Main St., Akron, Ohio.**

For more details circle #256 on mailing card.

Cooking Equipment Fills Individual Needs

The new line of Garland Heavy-Duty Ranges has been designed to fit the individual needs of institutional kitchens. Range tops for separate cooking and multiple top combinations on the 40 and 50 series 6-burner ranges are available in the line. Thus it is possible to combine hot top sections and open burners; griddle sections and open burners or hot top sections and griddle sections. The new ranges are said to reduce the time required to prepare foods and to lower the operating costs.

Other new developments include a broiler with controlled oven below the broiler grid area, front firing, improved installation of high shelf and new black porcelain finish in addition to standard black paint and stainless steel. **Garland Range Div., Welbilt Corp., Maspeth 78, L.I., N.Y.**

For more details circle #257 on mailing card.

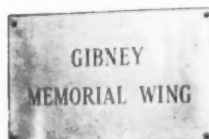
(Continued on page 248)

HOSPITAL PLAQUES

and signs for every purpose in
BRONZE and ALUMINUM

THE OPERATING UNIT
OF THIS HOSPITAL WAS GIVEN
IN LOVING MEMORY OF
JOSEPH BROWN WHITEHEAD, JR.
1950

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LOW COST**
Everlasting beauty.
Free design service.



Hospitals from coast to coast have gotten the best for less because of our unsurpassed facilities and years of nationwide experience. It will pay you to look over our new catalog, prepared especially for our increasing clientele in the hospital field. Why not send for it today... now!

Room and Door Plaques
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Write to

UNITED STATES BRONZE SIGN CO., INC.
570 Broadway, Dept. MH, N.Y. 12, N.Y. • Plant at Woodside, L. I.

Clean Floors

make a good impression

Cleaning floors is easy when you have the right equipment... and WHITE builds the finest quality Floor Cleaning Equipment. No matter how large or small the job, WHITE engineers have developed "just the thing" to do that job efficiently and easily. It will pay you to insist on WHITE when you buy floor cleaning tools.

Illustrated is the TYM-SAVER single outfit—just one of the 252 Cleaning Tools offered under one brand name.

Write for Catalog No. 156

WHITE MOP WRINGER COMPANY

9 MOHAWK STREET • FULTONVILLE, NEW YORK
CANADIAN FACTORY: PARIS, ONTARIO, CANADA

**THE ONE COMPLETE LINE OF
FLOOR CLEANING EQUIPMENT**



for your "Challenge of Change"

As seen in INSTITUTIONS Magazine

see the

Beauty of COLOR

in "CHF" Stools
and Tables

GREEN
(4 tones)
IVORY
MAHOAGANY
PINK
GRAY
(3 tones)
BLUE
(2 tones)
RED
BROWN
(2 tones)
TAN
BRONZE
CHARCOAL
BLACK
WHITE



HOTEL SEVILLE, MIAMI BEACH, FLA., Cafe Ole adds beauty of lifetime porcelain enamel colors with Chicago Hardware Foundry equipment.

20 COLORS IN LIFETIME PORCELAIN ENAMEL—
Modern Interiors call for color. "CHF" supplies an array of colors and finishes found nowhere else. Colors to match or contrast with any interior... Finishes like chrome or bronze plate, anodized aluminum and the most distinctive of them all... cast amber solid bronze. Too, "CHF" gives you lifetime Cast Construction... one-piece stools and tables for rugged, dependable permanent service.

WRITE TODAY FOR COLOR CATALOG SHOWING INSTALLATIONS
See the many award winning installations equipped with "CHF" Stools and Tables... ideas how "CHF" Color Line adds beauty to your installation. Ask for "Designs in Color."



CHF

The CHICAGO HARDWARE FOUNDRY CO.

"Dependable Since 1897"

4157 Commonwealth Avenue

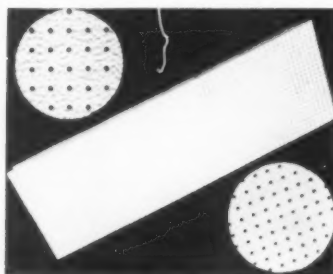
NORTH CHICAGO, ILL.

from COMMUNITY	
new ideas in	hospital furniture
<p>CREATED TO MEET THE DEMAND</p> <p>for a more FUNCTIONAL OVERBED TABLE</p>	
	
the "GIBALTAR"	
<p>With many new features including</p>	
<p>★ Exclusive safety stop on vanity.</p> <p>★ Largest top surface, 15" x 36".</p> <p>★ Remarkably easy to raise or lower.</p> <p>★ Recessed handle.</p>	
<p>Write for New, Illustrated, Informative Catalog of the Complete Community Line.</p> <p>SERVING THE NEEDS OF HOSPITALS FOR 21 YEARS</p> <p>COMMUNITY METAL PRODUCTS CORP.</p> <p>1213 Circle Avenue Forest Park, Illinois</p>	

WHAT'S NEW

Acoustical Panels of Textured Aluminum

A new design has been added to the Simplex line of textured aluminum



acoustical panels. Called the Ceilect panel, the unit is made of embossed aluminum sheet. The panels are square edged for almost invisible fine line joints. Ceilect panels come in lengths up to 36 inches, 12 inches wide, and are available in permanent aluminum finishes, mill-waxed and natural or color anodized. Simplex Ceiling Corp., 552 W. 52nd St., New York 19.

For more details circle #258 on mailing card.

Vacuum-Impregnated Preservative in Hardwood Flooring

Woodlife, a water repellent preservative is now used in Robbins Hardwood Flooring. The preservative is vacuum-impregnated into the cells of the hardwood flooring by means of the Dri-Vac process. The preservative contains Pentachlorophenol which protects against fungi attack and termites and reduces the natural affinity of wood for water. The vacuum controlled penetration process gets the solution deep into the wood cells to assure thorough protection against moisture in addition to giving protection against decay and termites. Tests indicate that the treated flooring remains exceptionally stable, preventing separations or large cracks in hardwood floors and the warping of strips.

No perceptible surface coating is apparent, yet Woodlife makes an excellent base for finishes. It is odorless when dry and does not discolor the wood. Robbins Flooring Co., Reed City, Mich.

For more details circle #259 on mailing card.

X-Ray Cleaner in Aerosol Can

Developed to clean x-ray intensifying screens, cassettes and Plexiglas quickly and easily, Kleen-X is supplied in aerosol cans. The large 12-ounce can is economical in use since there is no spilling and no loss from evaporation. Kleen-X when sprayed makes quick work of removing smudges, dirt, dust particles and fingerprints while eliminating undesirable static and lint. Wolf X-Ray Products, Inc., 93 Underhill Ave., Brooklyn 38, N.Y.

For more details circle #260 on mailing card.

ORNAMENTAL LIGHTING FIXTURES

of Wrought Iron,
Ornamental Bronze
and Aluminum.



Write for our profusely illustrated catalog, showing scores of designs, both simple and ornate. No job too small, none too large.

IN MEMORY OF
FRED C. BECKER
BY HIS FAMILY

BRONZE TABLETS

in any size, for any purpose:

Desk and Door Plates
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Add-a-Name Plaques
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80% of All Hospitals Use Applegate's Inks



Applegate indelible (silver base) ink is everlasting . . . heat permanizes your impression for the life of the cloth, contains no aniline dye.

Use the APPLEGATE SYSTEM

The Applegate marker is the ONLY inexpensive marker that permits the operator to use both hands to hold the goods and mark them any place desired. Hand, foot or motor power.

Visit Booth 630, Catholic Hospital Convention, Cleveland, May 27-30

Visit Booth 89, Western Hospital Convention, Los Angeles, May 6-9

**APPLEGATE
CHEMICAL COMPANY**

5432 HARPER AVE. CHICAGO 37, ILL.

WHAT'S NEW

Wear-Ever Utensils Added to Institutional Line

Four new Wear-Ever pans have been added to the institutional line of aluminum cooking utensils.



They include a tote pan, an oven sheet pan (top row), a Freezer D-Froster and a roasting pan (bottom row).

The seamless tote pan has a raised ridge near the bottom for easy stacking and is 20 3/16 inches long, 15 1/4 inches wide and 4 1/2 inches deep. The double depth oven sheet pan allows baked goods to rise higher. It bakes 50 portions and fits standard bun pan racks.

The Freezer-D-Froster eliminates shutting down freezers for defrosting. The cast aluminum scoop has a stainless steel 5 1/2 inch cutting edge which removes frost without scratching the cabinet. All frost is caught up by the large scoop for easy disposal. The roasting pan fits standard pan racks for easy transfer from oven to refrigerator and is designed for use in deck type ovens. It is 25 1/4

inches long, 17 1/4 inches wide and 3 1/2 inches deep. Aluminum Cooking Utensil Co., H & I Div., Wear-Ever Bldg., New Kensington, Pa.

For more details circle #261 on mailing card.

Adhesive Removal Is Painless

A new product in a handy aerosol container is now available for quick and painless removal of adhesive tape. Known as Ad-Hese-Away, the product is non-irritating, safe and effective. It removes adhesive tape, moleskin and similar adhesives without discomfort to the patient. Schuco Industries, 75 Cliff St., New York 38.

For more details circle #262 on mailing card.

Manifold Assembly Assures Hot Water Supply

The Ruud Equatflow is a pre-designed manifold assembly designed to solve the problem of unequal flows of hot water from multiple unit installations of automatic storage gas water heaters. Where institutions install identical gas water heaters in multiple units, the Equatflow simplifies the balanced manifold of two, three or four units, eliminating the possibility of one or more units not supplying their proportionate share of hot water. The manifolds are furnished

(Continued on page 250)

as a package, complete with copper fittings and ready for assembly on the job. Ruud Mfg. Co., Kalamazoo, Mich.

For more details circle #263 on mailing card.

Aluminum Bed Cradle Comes Apart for Storage

Sturdy tubular aluminum is used for the new Hospac Aluminum Bed Cradle recently introduced. Weighing only one and three-quarter pounds, the cradle comes apart into two units for easy storage but will not collapse when set up for use. The aluminum is anodized in lasting color that resists wear.

The patient has unhampered movement of limbs under the tented area when the cradle is used. It can be placed



at either side of the bed or at the foot. Two cradles can be combined to make a croup tent. Hospital Accessories Co., 58-09 32nd Ave., Woodside, N.Y.

For more details circle #264 on mailing card.

There's a FOSTER Refrigerator and Freezer for Every Hospital Need



Foster has had long and successful experience in building fine welded all-aluminum refrigerators and freezers for leading hospitals throughout the world. They have met every known in-the-field test for strength, durability, rugged service, low cost and long life.

Whether Your
Bed Capacity
Is 25 Beds
or 500 Beds

Check List of Foster Hospital Refrigerator Needs

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Central Supply
Contagious Disease Wards
Maternity Wards
Nurses Stations
Pharmacy
Wards

LABORATORY

Bacteriology
Blood Bank
Clinical
Hematology
Pathological
Surgical

FOOD SERVICE

Bakery Department
Central Kitchen
General Cafeteria
Nurses Home
Snack Bar
Staff Restaurant
Ward Diet Kitchen



Designed and engineered for heavy duty performance
Foster Refrigerator Corp. Hudson, N. Y.

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one for each specialized need.

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Armstrong DeLuxe H-H

(Hand-Hole)

Write for detailed bulletins—or
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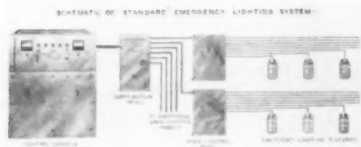
THE GORDON ARMSTRONG CO., Inc.

502 Bulkley Building

Cleveland 15, Ohio CHerry 1-8345

WHAT'S NEW

Centralized System for Emergency Lighting



Emergency power is available instantly throughout the hospital with the new Standard Electric centralized emergency lighting system. The new system has

been tested and approved by Underwriters Laboratories and exceeds the requirements of the National Electrical Code, according to the manufacturer. The self-monitoring system reports any fault to the system by flashing lights and buzzers and sounds an alarm when an emergency lamp is removed.

The system is instantaneous and fully automatic in operation. Emergency power goes on the instant regular power fails and goes off when power is restored. The special 32-volt battery is automatically recharged and kept at full capacity by a constant trickle of charging current.

Control Console and Distribution Panel are located in an area away from danger of fire or flooding and Area Control Panels are located in corridors or closets in the areas containing their circuits. Emergency lighting fixtures are placed at strategic places throughout the building.

The long-life nickel-cadmium battery is designed for at least 25 years of use and does not corrode or give off obnoxious fumes. The new central emergency power system has been especially designed for use in hospitals, schools, colleges and other buildings. **The Standard Electric Time Co., Springfield 2, Mass.**

For more details circle #265 on mailing card.

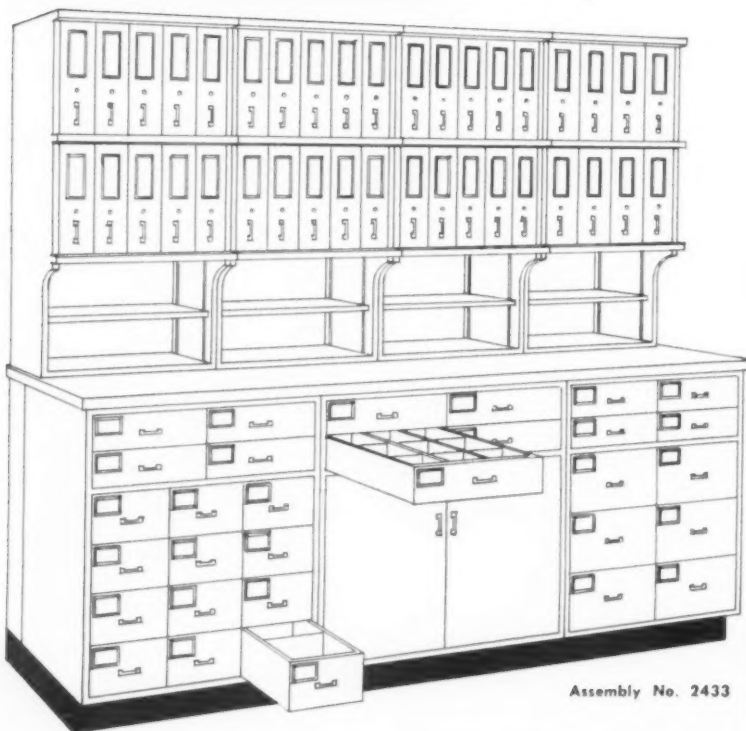
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Units can be arranged to fit any layout, any set of working conditions. Whether you plan to remodel or design a new department, our distributors will gladly help you in selecting appropriate units. Or if you wish assistance in establishing a complete plan, our Equipment Planning Department can furnish detailed layouts and specifications.

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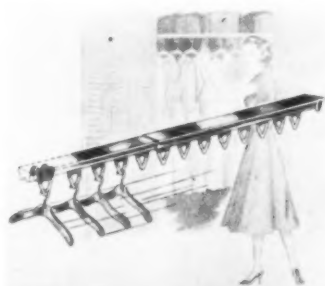
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Trolley Rod Fits Any Closet

The new Closet Trolley Rod is adjustable to any closet width and can be installed in a matter of minutes. "Roll-



Trak" action moves clothes hangers along track spans on the closet rod by finger tip control, making everything in the closet readily accessible. **Automatic Devices Co., 2121 S. 12th, Allentown, Pa.**

For more details circle #266 on mailing card.

Triscuit Wafers in Individual Servings

Nabisco Triscuit Wafers are now heat sealed in sanitary packages for individualized servings. The crisp wafers add taste variety when served with salads, soups, cheeses and other foods. **National Biscuit Co., 425 Park., New York 22.**

For more details circle #267 on mailing card.

Floor Machine Is Rugged Yet Light in Weight

The new Tornado 13 inch floor machine gives maximum polishing and scrubbing service yet is light enough to pick up and carry. The free floating double tube handle locks in the upright position for easy transporting or storing.

The Tornado 130 is operated by a single lever switch under the right hand grip with hand fatigue lessened by ample overtravel of the lever. A large rubber bumper around the edge of the machine protects walls and furniture and non-marking wheels make it easy to handle. **Breuer Electric Mfg. Co., 5100 N. Ravenswood Ave., Chicago 39.**

For more details circle #268 on mailing card.

WHAT'S NEW

Fluorescent Fixture for Low Ceilings

The new Garden City Ultra-Lux has been designed for low ceiling construc-



tion. The shallow surface mounted fluorescent fixture is only 3¼ inches in depth and curves slightly to give the appearance of receding into the ceiling.

The Ultra-Lux features a translucent polystyrene shield for efficient light transmission with uniform distribution and surface brightness. Units may be joined in continuous runs, and concealed hinges simplify cleaning and relamping. **Garden City Plating and Mfg. Co., 1750 N. Ashland Ave., Chicago 22.**

For more details circle #269 on mailing card.

Gas Burners

Feature Flexibility of Design

A new line of atmospheric type gas burners is now available for burning natural, manufactured or mixed gases.

Great flexibility of design and capacity for almost universal use where requirements demand high input rating in limited space is possible because of the number and arrangement of nozzles in the new line. An ideal mixture of gas and primary air is created with the Ray Tandem-Jet Nozzles, and the Ray Flame Retention Ring stabilizes the flame. **Ray Oil Burner Co., 1301 San Jose Ave., San Francisco 12, Calif.**

For more details circle #270 on mailing card.

Heavy-Duty Construction in Large Capacity Floor Machine

The new Model PR-22 Master Floor Machine is engineered for rugged maintenance duty in institutions. It has balanced heavy-duty construction, facilitating handling of the machine which features extra-large maintenance capacity.

The new PR-22 scrubs, shampoos, waxes, polishes, grinds, sands, buffs and dry cleans up to 20,000 square feet of floor surface daily. The low construction provides access to areas under beds and cabinets. **Premier Co., 755 Woodlawn Ave., St. Paul 1, Minn.**

For more details circle #271 on mailing card.

Plastic Panels

with Built-In Metal Mesh

The new Resolite Security Junior is a

(Continued on page 252)

translucent plastic panel featuring embedded aluminum or steel diamond mesh. It is lightweight and easily handled, and offers many design possibilities as well as semi-transparent protection against flying particles. It may also be used to protect skylights, windows and other fenestrations.

The panels offer high impact resistance due to the metal mesh reinforcement. Two types are available: .081 gauge expanded aluminum, or 16-18 gauge expanded steel embedded in flat Resolite sheets. The plastic sheets are available in standard Resolite or in a special fire-retardant type, in clear and



in five colors: ice blue, pale green, yellow, sky blue and coral. The average light transmission value is 50 per cent. **Resolite Corporation, Zelienople, Pa.**

For more details circle #272 on mailing card.

EDISON Deodorant "FIXES" bad odors

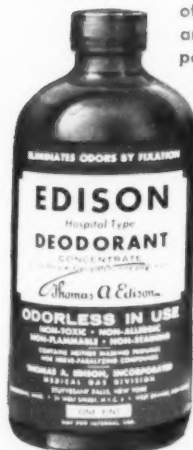


Edison Deodorant is different. It actually eliminates the bad stench by chemical fixation and/or absorption. In other words, it really "fixes" bad odors in more ways than one.

Other commonly used space deodorants cover-up or smother one odor with a heavier scent, or they partially paralyze your sense of smell. Some contain both paralyzing agent and the lingering perfume that unpleasantly permeates the area affected.

Edison Deodorant is odorless-in-use. Its secret weapon against foul smells is fixation, the chemical neutralization of the stench right where it originates. Edison Deodorant is safe, non-toxic, non-allergic, non-staining and non-flammable.

USED AS A SPRAY OR IN SCRUB WATER, Edison Deodorant will destroy bad odors in receiving, accident and operating rooms . . . in wards, clinics and corridors.



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Sturd-i-brite EQUIPMENT

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**NO. 1053
SINGLE TRAY
STAND**

Sturdy, handsome folding stand, of 1" heavily chromed steel tubing. Non-marring plastic gliders. Easy-to-clean black and white Saran webbing. Completely sanitary. 31½" high.

Other Sturd-i-brite items:

- Triple Tray Stands
- Chrome or Black Chairs
- Hat, Coat, Package Racks
- Portable Valets
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The kitchen and cafeteria equipment of the recently erected Abraham Jacobi Hospital* was completely fabricated and installed by Straus-Duparquet.

Designed to conform with the standards of the National Sanitation Foundation, this all stainless steel equipment functions with the efficiency and economy afforded only by the most modern techniques of our day.

Another example of the unique facilities offered by the "complete service" of the world's largest suppliers of institutional and restaurant equipment and furnishings.

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*Abraham Jacobi Hospital, Bronx, N.Y., erected by the New York City Dept. of Public Works. Frederick H. Zuerhagen, P.E., R.A., Commissioner; Pomerance & Breines, Architects.

STRAUS-DUPARQUET inc.
133 EAST 27th STREET NEW YORK
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WHAT'S NEW

Multi-Use Soup Bases for Institutional Use

Four new Good Seasons Soup Bases and Seasonings have been developed by



General Foods for the institutional field. The bases include chicken flavor with chicken fat, chicken with chicken meat, beef flavor and onion. They may be used in sauces, gravies and as flavor extenders for stock as well as for soup.

The chicken flavors and the beef are packed in one pound glass jars yielding five gallons of soup while the onion is available in eight ounce jars making five quarts. Only boiling water need be added to the base which offers consistent flavor, portion control and savings of labor and storage space. General Foods Corp., Institutional Products Div., White Plains, N.Y.

For more details circle #273 on mailing card.

Station Wagon and Ambulance Combined in Amblewagon

An emergency ambulance is instantly available with the Amblewagon developed for Ford or Mercury chassis. A station wagon for ordinary use, the body is quickly converted to an ambulance when required, yet gives no appearance of this use before conversion.

The new Amblewagon has an enlarged rear opening with increased headroom. A side opening ambulance door facilitates loading and unloading of stretchers. The rear space permits a patient to sit up on a full 75 inch cot and it will carry a stretcher for a second patient. The standard Ford or Mercury station wagon adapted for ambulance



conversion has a modified front seat and is designed to carry oxygen equipment and ventilating fans. Automotive Conversion Corporation, 2191 Cole, Birmingham, Mich.

For more details circle #274 on mailing card.



- compact
- no place for dirt to hide
- protects your walls
- always fresh and clean
- minimum maintenance
- guaranteed 5 years
- colors to match any Decor

MAKE A WELCOME CORNER in your Waiting Areas—only \$95.00 list

No matter how small an area you have BEVCO furniture offers more adaptability and seating space. Engineered and designed for Institutional use—will never mar walls—tip proof—no place to build up contamination. Webbing is washable—does not stretch or sag. Always remains fresh and clean, with everlasting support for years of comfort.

Ventilation eliminates the "hot seat."
Highest quality controls and casters on swivel chairs.

complete furniture lines

Reception Room, Office and Laboratories
Costumers: Wall and Floor Models

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831 Chicago Ave., Evanston, Ill.



Posture
Swivel Chair

WHAT'S NEW

Floor Maintainer With Increased Power

The new Clarke FM-11 floor maintainer employs a specially designed $\frac{1}{2}$ h.p. motor which provides 30 per cent more power with no increase in weight or size. The machine has an 11 inch brush which scrubs, waxes, polishes, steel wools, buffs and shampoos. The high-power motor has lifetime lubricated ball bearings and high starting torque. An adjustable handle locks in any position on a 90 degree arc and flip-up wheels automatically retract when the weight of the maintainer is shifted from wheels to brush. Clarke Sanding Machine Co., Muskegon, Mich.

For more details circle #275 on mailing card.

Bottle-Buster for Safe Disposal

The Vis-O-Lite Bottle-Buster offers a new safe, sanitary and efficient method of breaking and disposing of empty bottles and other glassware. The Bottle-Buster breaks bottles and glassware into small pieces with the entire motor-driven operation being fully enclosed. This elim-



inates danger of flying glass, guards against splinters getting into food and linen, and reduces disposal space required for bottles. The unit will consume bottles up to $4\frac{7}{8}$ inches in diameter as fast as 300 per hour. Vis-O-Lite Company, Inc., 128 Sidney St., St. Louis 4, Mo.

For more details circle #276 on mailing card.

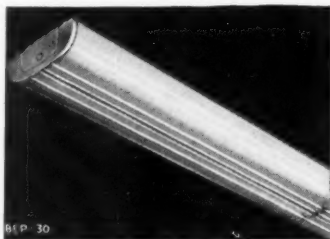
Clay Facing Material for Remodeling or Decorating

A new clay masonry facing material called SCR re-nu-veneer has a brick-like appearance which is not only useful in remodeling old structures but enhances modern decorating schemes. Re-nu-veneer is a three-quarter inch thick slab of hard-burned Norman size brick which is attached to exterior or interior walls by means of a special metal clip nailed to the existing wood wall. The material is fire resistant, insectproof and has excellent insulating qualities. Because of its light weight, no structural remodeling is required. Structural Clay Products Institute, 1520 18th St. N.W., Washington 6, D.C.

For more details circle #277 on mailing card.

Twin-Unit Fixture Occupies Minimum Space

The new Benjamin Capri fluorescent lighting unit has shallow lines yet meets



the IES School Lighting Practice. The twin-unit Capri is three by 10 inches wide and comes in 48 and 96 inch lengths for individual or continuous line installation.

A vent runs the length of the bottom of the unit to enable air to circulate, minimizing dirt accumulation. Polystyrene plastic diffusing panels are easily removed for cleaning. The Capri is designed for two 40 watt Rapid Start or 96 inch Slimline lamps and is pendent mounted. Newly designed sliding hangers are also available to allow the unit to be mounted under pipes or duct work according to the report. Benjamin Electric Mfg. Co., Des Plaines, Ill.

For more details circle #278 on mailing card.

Cantonment Drinking Fountain for Contemporary Architecture

The new Haws Cantonment-Type Drinking Fountain is designed with smooth flowing lines to blend with any contemporary architecture. The bowl is constructed of gleaming white vitreous china and is attached to the wall with a Tensaloy wall bracket. The new Model 1505 fountains have all the necessary sanitation features of other Haws products.

A new chrome-plated brass drinking bubbler, Model 127, is also available for fountains where change or replacement to full automatic steam control is desired. The unit contains a flow regulator valve that compensates for outside water pres-



ures to deliver a bubbler stream throughout the full range of pressures automatically. Haws Drinking Faucet Co., 4th and Page Sts., Berkeley 10, Calif.

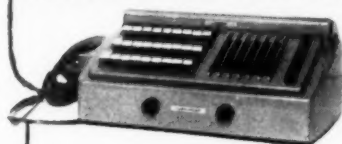
For more details circle #279 on mailing card.

(Continued on page 254)

STEP UP HOSPITAL EFFICIENCY AS MUCH AS

50%

WITH A **DuKANE** NURSES' CALL SYSTEM



DOES YOUR HOSPITAL GET THESE BENEFITS?

NURSES' MASTER STATION

Instant 2 way visual and audible contact with all stations including priority emergency signal circuit.

BEDSIDE STATIONS

Single or dual stations provide nurses' call service with or without 2 way communication between patient and nurse.

SOLARIUM & DUTY STATIONS WITH INTERCOM

2 way communication between nurse and ambulatory patient and ability to reach nurse in any location where she normally may be found.

LAVATORY STATION

Announces a patient who may be in trouble in lavatory or bathroom areas.

CORRIDOR LIGHTS

Easily visible, unbreakable corridor lights for rooms with Bedside Stations.

PLUS this EXCLUSIVE DUKANE benefit!

Only DuKane gives the hospital a **MULTIPLE Channel Nurses' Call System to multiply Bedside Communications Channels.** It permits the use of 2 or more Nurses' Master Stations in which separate calls may be answered from any Master Station simultaneously. Countless steps are saved as a nurse need not return to the central desk to answer calls. **Speeds service, increases efficiency . . . saves costs!**

Write for the beneficial facts today!

Please send me all the facts on DuKane Nurses' Call Equipment.
DuKane Corporation, Dept. MH-57
St. Charles, Illinois

NAME _____

ADDRESS _____

CITY _____

STATE _____

hospital _____

WHAT'S NEW

Pharmaceuticals

Anti-A₁ Lectin, Purified

Anti-A₁ Lectin, Purified, is a new blood grouping reagent extracted from the seed of a forage legume. It produces rapid and clear-cut agglutination of A₁ and A₁B subgroup determinations and also has practical usefulness in blood banking and transfusion. The new product is available in 2 cc. dropper vials. **Hyland Laboratories, 4501 Colorado Blvd., Los Angeles 39, Calif.**

For more details circle #280 on mailing card.

Kynex

Kynex is a new antibacterial sulfonamide indicated in the treatment of genitourinary infections, dysentery, respiratory infections and rheumatic fever. Its high solubility and slow rate of excretion permit a low daily dosage of one gram. It is supplied in bottles of 24 and 100 tablets. **Lederle Laboratories Div., American Cyanamid Co., Pearl River, N.Y.**

For more details circle #281 on mailing card.

Nugestoral

Nugestoral is designed to create optimal conditions for the maintenance of pregnancy in abortion-prone patients. It combines five agents known to contribute to fetal salvage and known to create an optimal maternal environment. **Organon Inc., Orange, N.J.**

For more details circle #282 on mailing card.

Tetrex Syrup

Tetrex Syrup, Tetracycline (phosphate buffered) syrup, is a new single broad-spectrum antibiotic indicated in respiratory, urinary and gastrointestinal tract infections, dermatologic infections, rickettsial and viral infections, and for prophylaxis in surgery and obstetrics. The cherry-flavored syrup offers efficient absorption and fast, high blood levels. **Bristol Laboratories, Inc., Syracuse 1, N.Y.**

For more details circle #283 on mailing card.

Bendectin

Bendectin is indicated for the treatment and prevention of nausea and vomiting during pregnancy. It is supplied in bottles of 100 tablets, specially coated to assure release of medication four to six hours following ingestion. **The Wm. S. Merrell Co., Amity Rd., Cincinnati 15, Ohio.**

For more details circle #284 on mailing card.

Mysteclin-V

Mysteclin-V combines Sumycin, a new phosphate complex of tetracycline for broad spectrum antibiotic therapy, and Mycostatin, an antifungal antibiotic. It provides fast and high initial tetracycline blood levels and also acts to prevent fungal overgrowth, particularly moniliasis, in the intestinal tract. **Squibb, Div. Olin Mathieson Chemical Corp., 745 Fifth Ave., New York 22.**

For more details circle #285 on mailing card.

Panmycin Phosphate

Panmycin Phosphate, a new salt of tetracycline, is a broad-spectrum antibiotic which is rapidly absorbed and evidences production of higher initial blood levels. Indicated for pneumonia, acute bronchitis, septic sore throat, urinary, gastrointestinal, dermatologic, rickettsial and viral infections, Panmycin Phosphate is relatively insoluble in water and gastric juice. **The Upjohn Company, Kalamazoo, Mich.**

For more details circle #286 on mailing card.

Acuplastin and Acutel

Two related products for use in prothrombin time determinations are available in Acuplastin and Acutel. Acuplastin is an improved highly sensitive thromboplastin extract providing a reliable, convenient source of thromboplastin. Acutel is a convenient source of standardized plasma which serves as a control in the procedures. **Ortho Pharmaceutical Corp., Raritan, N.J.**

For more details circle #287 on mailing card.

Supplifort Elixir

Supplifort Elixir is designed for constructive nutrition during earlier maturity and for nutritional rehabilitation during later maturity. It contains two essential amino acids, eight important B vitamins, and minerals plus trace elements. **White Laboratories, Kenilworth N.J.**

For more details circle #288 on mailing card.

The Steriphane SYSTEM

A new modern technique for sterilizing Needles and Syringes, which features the

STERIPHANE STAINLESS STEEL NEEDLE DISPENSER

that delivers individual paper wrapped sterile needles as needed at the nursing station.



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110

"WALL-SAVER" Chairs

- PREVENT DAMAGE TO WALLS
- REDUCE CHAIR MAINTENANCE

The back legs of a "Wall-Saver" chair are flared out so that the chair cannot be tipped backwards. No rubber leg bumpers are needed—the bottoms of the legs abut the baseboard while there is still ample clearance between the back of the chair and the wall. This unusual design eliminates the strain to which an ordinary chair is subjected when the sitter "rocks" in it. It also prevents damage to both chair and wall caused by "resting" the back of the chair against the wall. As a result, "Wall-Saver" chairs can pay for themselves through savings.



Right: No. 1082
"Wall-Saver" Easy
Chair.



Left: No. 1089 1/2 "Wall-Saver" Straight Chair. (Also available with saddle wood seat, or with upholstered seat and back.)

Write for Bulletin 1005-A

"WALL-SAVER" Advantages

1. CANNOT BE TIPPED BACKWARDS
2. CHAIR CAN'T DAMAGE SIDE OR BACK WALL

EICHENLAUBS
Contract Furniture
3501 BUTLER ST., PITTSBURGH 1, PA.
ESTABLISHED 1873

WHAT'S NEW

Literature and Services

• A new "X-Ray Accessory and Supply Catalog" is available from the X-Ray Division, Westinghouse Electric Corporation, 2519 Wilkens Ave., Baltimore 3, Md. The 166-page spiral-bound book is divided into seven sections and has a complete alphabetical index of all items shown. Prices are included with the descriptive data and some items are illustrated.

For more details circle #289 on mailing card.

• "The Dispensator Method of Food Service Operation" is the title of a new brochure prepared by W. H. Frick, Inc., Citizens Bldg., 850 Euclid Ave., Cleveland 14, Ohio. How Frick mobile dispensers handle clean and soiled dishes, glasses and cups in wire racks, and deliver prepared food, is described through diagrams, illustrations and detailed data.

For more details circle #290 on mailing card.

• A new Color Chart and a Fabrication Manual for Micarta have been issued by United States Plywood Corp., 55 W. 44th St., New York 36. The manual contains ten sections and presents detailed information on the application of Micarta. The color chart in a four-page folder includes 87 colors, patterns and trigrams available for the high-pressure laminate.

For more details circle #291 on mailing card.

• The 1957 Catalog of Ceramic Tile is available from American-Olean Tile Co., 1000 Cannon Ave., Lansdale, Pa. The booklet describes the full line of glazed wall tile, unglazed floor tile, conductive floor tile and china bathroom accessories, along with illustrations showing typical applications of trim shapes.

For more details circle #292 on mailing card.

• A film entitled "An Aid to Therapy: Bacterial-Antibiotic Susceptibility Testing" has been released by Pfizer Laboratories, 630 Flushing Ave., Brooklyn 6, N.Y. The color film demonstrates testing methods and describes their advantages and limitations.

For more details circle #293 on mailing card.

• The Levinthal Varitrac for horizontal or vertical intermittent motorized traction is described in Form V-1056 released by Levinthal Electronic Products, Inc., 868 Stanford Industrial Park, Palo Alto, Calif. Specifications, accessory equipment and a bibliography of medical studies of treatment by traction is also included.

For more details circle #294 on mailing card.

• Thelco Ovens and Incubators for laboratory use are described in Bulletin No. 356-C released by Standard Scientific Supply Corp., 808 Broadway, New York 3. Models are illustrated and complete specifications are included in the booklet.

For more details circle #295 on mailing card.

• "Spintex Duct Insulation" is the title of a new folder which explains the insulating value, fire safety and easy application of Spintex for insulation of air conditioning ducts. Available from Johns-Manville, 22 E. 40th St., New York 16, the folder also includes physical and thermal property data and a table of standard sizes, thicknesses and available facings.

For more details circle #296 on mailing card.

• How room dividers and aluminum stair railings can be constructed from matching elements is described in the new catalog issued by Blumcraft of Pittsburgh, 460 Melwood St., Pittsburgh 13, Pa. Catalog M-57 also includes details and illustrations of design possibilities with the units which are supplied to ornamental metal fabricators who build the railings on the job.

For more details circle #297 on mailing card.

• "Embezzlement Controls for Business Enterprises" is the title of a new booklet available from Fidelity and Deposit Co., 2355 Fidelity Bldg., Baltimore 3, Md. Written by Lester A. Pratt, C.P.A., nationally-recognized authority on fraud prevention, the booklet describes practical methods of combating embezzlements and contains a check list for determining adequacy of embezzlement controls.

For more details circle #298 on mailing card.

(Continued on page 256)



Model 250

**4 sizes
for
all needs**



Gennett's improved Model 250 holds 250 lbs. cubed, cracked or flaked ice. Cabinet . . . 33" x 24" x 36 1/2" high . . . all stainless inside and out . . . with flip-top stainless steel insulated lid. 6" semi-pneumatic tired wheels . . . swivel rear . . . front stationary . . . ball bearings . . . easily maneuverable. Rubber bumpers. Rubber covered handles. Hand operated drain. Overall 48" long x 40 1/2" high.

Hospitals large and small will find one or more of Gennett's Mobile Ice Carts will satisfy their needs. Those with heavy ice service requirements like the improved Model 250 with its big capacity . . . wonderful mobility. Simplify the job of conveying ice to the patient . . . quickly . . . efficiently . . . thriftily . . . no matter where it is made. Insulated to keep melting to a minimum even on a 90° day. Designed so non-professional help provide efficient service. Let Gennett counsel with you on your ice storage and service problems. Write for catalog today to GENNETT AND SONS, INC., One Main Street, Richmond, Indiana.



150 lbs.



75 lbs.



50 lbs.



250 lbs.

GENNETT Ice Carts

**THE ONLY
ANTIBIOTIC
AEROSOL
DRESSING**

spray-band

HEAT PENNING

* EMERGENCY CLINICS * OPERATING ROOM
* POST OPERATIVE * GENERAL OFFICE PROCEDURES

NON-OCCLUSIVE - breathing accomplished by microscopic porosity.

TRANSPARENT - direct observation of healing process.

ANTIBIOTIC - attacks bacteria, prevents infection.

FLEXIBLE - dries quickly into protective film. Non irritating, completely compatible with human tissues.

*contains Tyrothricin

Professional size \$2.00

Other Schuco Medical Aerosol Products include:

AD-HESE-AWAY - Adhesive Tape Remover \$1.50
ASEPTOZONE - Sickroom Disinfectant 2.10
INSTRU-CARE - An Oil-less Silicone Lubricant 2.60
SKIN-FREEZE - A Topical Skin Refrigerant 1.60
TINCTURE OF BENZOIN SPRAY - Skin Conditioner for application under Orthopedic Appliances, etc. 2.60



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WHAT'S NEW

SHROUDPAC

THE COMPLETE PACKAGE FOR HANDLING THE DECEASED

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• "Hospital Casework and Patient Wardrobes" are described in Catalog No. 57 prepared by Maysteel Products, Inc., 740 N. Plankinton Ave., Milwaukee 3, Wis. Units are described and illustrated with construction features, drawings and dimensions also included. A section is devoted to typical unit assemblies for various uses throughout the hospital.

For more details circle #299 on mailing card.

• A full color 16mm sound film is available on the use of Vinamar in the field of obstetrics. Produced by Frederick A. Carpenter, M.D., now associated with the Department of Anesthesiology at the University of Texas, M. D. Anderson Hospital and Tumor Institute, "Vinamar & Oxygen for Obstetrical Analgesia" is the result of a study of 100 cases using the open drop method followed by 100 cases using the semi-closed method. Copies of the film are available through the Ohio Chemical & Mfg. Co., Madison 10, Wis.

For more details circle #300 on mailing card.

• Among the informative and helpful booklets published by The Knox Gelatine Laboratories, Johnstown, N.Y., is one recently released on "Knox Gelatine in Infant and Child Feeding." The 12-page brochure gives general information plus suggested recipes.

For more details circle #301 on mailing card.

• A new booklet entitled "Integrated Data Processing: A Factual Analysis" explains how institutions of any size can select the correct integrated data processing systems to fill their needs. The 24-page booklet was prepared by Ditto, Inc., 6800 N. McCormick Rd., Chicago 45 and discusses one-writing systems, punched cards, magnetic and punched tapes, telegraphic transmission and electronic computers.

For more details circle #302 on mailing card.

• A new Data Guide on Code Rated Cabinet Conveyors for steam and hot water heating systems has been released by Dunham-Bush, Inc., Technical Data Dept., West Hartford 10, Conn. Product features and applications are discussed and full technical data is included in the 28-page booklet.

For more details circle #303 on mailing card.

• How congested areas can use power sweeping is told in a new booklet entitled "Can we use Mechanized Sweeping Profitably?" Issued by G. H. Tennant Co., 2526 N. 2nd St., Minneapolis 11, Minn., the booklet discusses aisle widths, dust control, possible cost savings and includes a check-list to pre-determine the advantage of a sweeper's usefulness.

For more details circle #304 on mailing card.

• "Magnesium, The New Concept in Furniture," is the title of Catalog No. 561 prepared by Mueller Metals Corp., 600 Monroe N.W., Grand Rapids, Mich. All types of furniture units employing magnesium frames are described and illustrated.

For more details circle #305 on mailing card.

• United Catalog No. 20 is a 40-page book, plus index, on the full line of surgical instruments and specialties for the general hospital, the surgeon and the tumor clinic available from United Surgical Supplies Co., Port Chester, N.Y. General information on the company and its policies precedes full descriptive details and illustrations of the items offered, which include a full line of anatomical rubber stamps.

For more details circle #306 on mailing card.

Book Announcements

Anino, "Clinical Chemistry, Principles and Procedures," Part I dealing with basic principles and fundamentals, Part II with methods of analysis, \$7.50. Little, Brown & Co., Medical Book Dept., 34 Beacon St., Boston 6, Mass.

For more details circle #307 on mailing card.

Dennis, "Psychology of Human Behavior for Nurses," 250 pp., \$3.50. Spector, "Handbook of Biological Data," 584 pp., \$7.50. Dorland's Illustrated Medical Dictionary, 23rd ed., \$12.50. W. B. Saunders Company, W. Washington Square, Philadelphia 5, Pa.

For more details circle #308 on mailing card.

Pearn, "Mental Nursing Simplified" (edited by Stern and Spratley), 4th ed., 400 pp., \$3.50. Students' Aids to Biology (edited by R. G. Neville), 4th ed., 300 pp., \$2.50. The Williams & Wilkins Co., Mt. Royal & Guilford Aves., Baltimore 2, Md.

For more details circle #309 on mailing card.

Suppliers' News

The Hausted Manufacturing Co., Medina, Ohio, manufacturer of wheel stretchers, Inval-aid chairs and diagnostic and therapeutic instruments, announces its move into new office and factory space. The greatly enlarged facilities replace the old factory which was destroyed by fire last September.

Lily-Tulip Cup Corporation, 122 E. 42nd St., New York 17, manufacturer of paper food service, announces that, through a newly organized and wholly-owned subsidiary, Old Town Pulp Products, Inc., it has acquired the business and plant of The Old Town Company, Old Town, Maine. The new subsidiary will continue its manufacture of smooth surfaced compartment plates and related items which will complement the present Lily lines of paper cups and paper containers.

Ostrander, 313 Lincoln Ave., Collingdale, Pa., x-ray specialties firm, announces the establishment of an x-ray film hanger repair service to serve hospitals and radiologists throughout the country. Services, designed to prolong the life and usefulness of film hangers, include complete repairs and cleaning of x-ray film hangers.

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May, 1957

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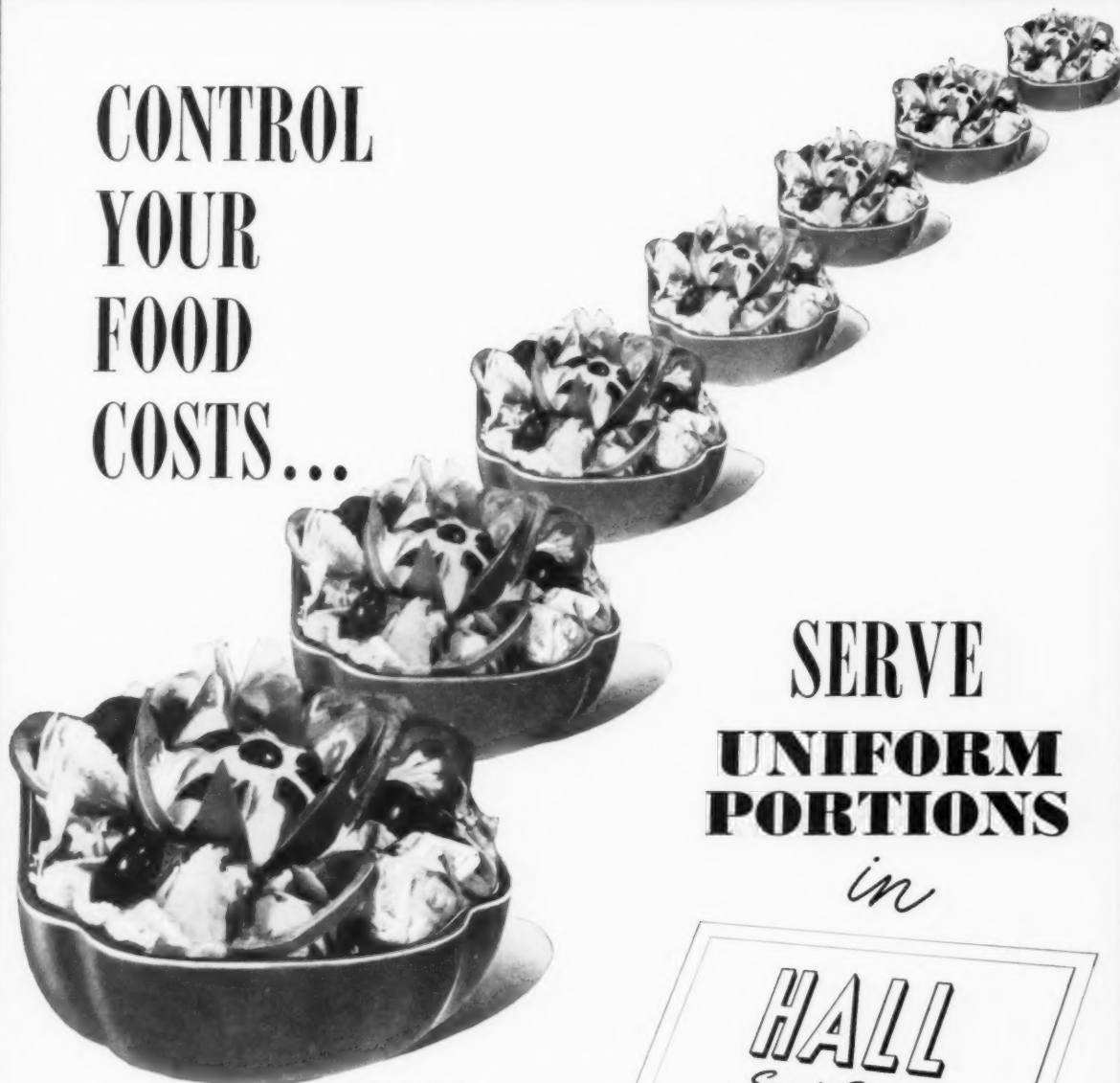
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Hall Salad Dishes, like Hall baking dishes, can be used for automatic control of portions. The capacity of the ware assures uniform servings. Hall Salads are impervious to acids in food and condiments; extremely resistant to scratching or marring; will not pit or corrode—look like new after long service. Write for Bulletin SM-1.

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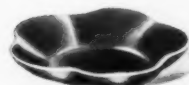
FOOTED SALAD BOWL



FISH SALAD BOWL



SALAD



SCALLOPED SALAD BOWL



Introducing **EZON** ^{T.M.} DUSTING POWDER
a superior new noninflammatory glove powder
by SEAMLESS

SEAMLESS—the world's foremost maker of surgical rubber gloves—announces a new biologically absorbable dusting powder.

EZON has been specifically developed to improve on all present surgical glove powders. Specially formulated from micropulverized, uniformly modified starch to provide superior lubrication, **EZON** minimizes

foreign body reactions and thus the danger of adhesions.

EZON is a worthy companion to the Brown Milled, 'Crest', and 'Limber-Latex' Surgeons' Gloves by SEAMLESS—gloves that are *first* in hospital specification because they are *first* in performance.

SUPPLIED: **EZON** Dusting Powder—in packets of 1½ grams, 288 per dispenser carton, and in five-pound cans.

—SURGICAL RUBBER DIVISION—

THE **SEAMLESS** RUBBER COMPANY

NEW HAVEN 3, CONN., U. S. A.